FISTULA CARE
Associate Cooperative Agreement
GHS-A-00-07-00021-00

Semi Annual Report
October 2012 to March 2013

Submitted to
United States Agency for International Development
Washington, DC

May 15, 2013

EngenderHealth, 440 Ninth Avenue, New York, NY 10001, USA
Telephone: 212-561-8000, Fax: 212-561-8067, Email: elandry@engenderhealth.org

Fistula Care c/o EngenderHealth
440 Ninth Avenue
New York, NY 10001 U.S.A.
Telephone: 212-561-8000
Fax: 212-561-8067
email:fistulacare@engenderhealth.org
www.fistulacare.org

This publication is made possible by the generous support of the American people through the Office of Maternal and Child Health, U.S. Agency for International Development (USAID), under the terms of associate cooperative agreement GHS-A-00-07-00021-00. The contents are the responsibility of the Fistula Care project and do not necessarily reflect the views of USAID or the United States Government.

Printed in the United States of America. Printed on recycled paper.

CONTENTS

ACRONYMS AND ABBREVIATIONS

AWC	Aberdeen Women's Centre
CBO	Community-Based Organization
CHUK	Central University Hospital of Kigali
DDM	Data for Decision Making
DHS	Demographic and Health Survey
DRC	Democratic Republic of the Congo
DSMC	Data Safety and Monitoring Committee
ESCA-HC	East Central and Southern Africa Health Community
ESCACON	Eastern, Central and Southern Africa Congress of Nurses
FBO	Faith-Based Organization
FC	Fistula Care
FIGO	International Federation of Obstetricians and Gynecologists
FP	Family Planning
HEAL	Health, Education, Community Action, Leadership Development
IGL	Imagerie des Grands Lacs
IH	IntraHealth International
IOFWG	International Obstetric Fistula Working Group
ISOFS	International Society of Obstetric Fistula Surgeons
JPII	Jean Paul II
M&E	Monitoring and Evaluation
MOH	Ministry of Health
MSRK	Maternité Sans Risque Kindu
NGO	Nongovernmental organization
Ob/Gyn	Obstetrics/Gynecology
RCT	Randomized Controlled Trial
REF	Le Réseau pour l'Eradication des Fistules
RH	Reproductive Health
SJH	St. Joseph's Hospital
SMOH	State Ministry of Health
ToT	Training of Trainers
UN	United Nations
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
VHT	Village Health Teams
WHO	World Health Organization

Executive Summary

The semi-annual report presents key accomplishments and activities for the October 2012-March 2013 period. EngenderHealth manages the project in collaboration with international and national partners. As of March 31, 2013 USAID supports fistula treatment and prevention services through the Fistula Care project and country bilateral projects in **10** countries—Bangladesh, the Democratic Republic of the Congo (DRC), Ethiopia, Guinea, Mali, Niger, Nigeria, Rwanda, Sierra Leone, and Uganda. Key accomplishments under each of the four project results during the October 2012 to March 2013 period included:

Key Accomplishments with Support from all USAID funding from January 2005 thru March 2013

- More than 30,000 repairs performed in 14 countries in Sub-Saharan Africa and South Asia
- More than 5,000 persons trained in support of treatment and prevention:
  - Fistula repair surgery: 244^
  - Pre & post operative care and fistula counseling: 2,134
  - Family planning services: 1,099
  - Obstetric care: 2,326
- Enrollment in randomized clinical control trial on fistula treatment at 88%. Study is underway in collaboration with WHO and eight centers in Africa.

^some double counting of surgeons who have attended more than training.

Result 1: Strengthened capacity

- 48 facilities supported by USAID for fistula treatment
- 2,985 repairs provided at 41 supported sites.
- 44 surgeons attended either first or continuing training in fistula repair

International meeting held in Nigeria on Urinary Catheterization for Prevention and Immediate Non-Surgical Treatment of Fistula: A Consultative Meeting to Review and Standardize Current Guidelines and Practice.

Result 2: Enhanced community and facility practices to prevent fistula

- Guinea community engagement evaluation results disseminated at in-country symposia.
- Over 200 providers trained in family planning counseling and/or method provision.
- Funding leveraged from the Bill and Melinda Gates Foundation for a Realist Review of evidence on the use of the partograph which we will do in collaboration with Dame Tina Lavender at University of Manchester.

Result 3: Use of data for decision making

- 88% of the required sample for the multi-center randomized controlled clinical trial (RCT) on short term catheterization was achieved by March 31, 2013.[1] Follow-up at three months post surgery is excellent—over 95%.
- Nigeria community screening study completed.

Result 4: Strengthening the environment for fistula

- Fistula Care staff and partners made seven presentations at the 2013 Global Maternal Health Meeting in Arusha in January 2013.
- Two manuscripts about Fistula Care's work were published: "Development and comparison of prognostic scoring systems for surgical genitourinary fistula surgery closure" in *American Journal of Obstetrics and Gynecology*; and "Striving for Excellence: Nurturing Midwives' Skills in Freetown, Sierra Leone" in *Midwifery*.
- New technical brief published: *Creating an Enabling Environment for Fistula Prevention and Treatment in Uganda* is available in both English and French on the website.

[1] Recruitment was completed April 30, 2013.

I. INTRODUCTION

This semi-annual report covers the period October 2012 to March 2013. The report is organized into the following sections: Management Activities, Global Accomplishments by each of the four results, and Country Reports. This report includes an updated review of surgeon training follow-up. As of March 31, 2013 USAID, through Fistula Care and bilateral agreements, has supported repairs at a total of 48sites (39 by FC and 9 in DRC through the ProSani bilateral program) in FY13. In addition Fistula Care is providing support to 38 prevention only facilities in 10 countries; see Table 1 and Figure 1. Annex 1 includes details about the supported sites in each country.

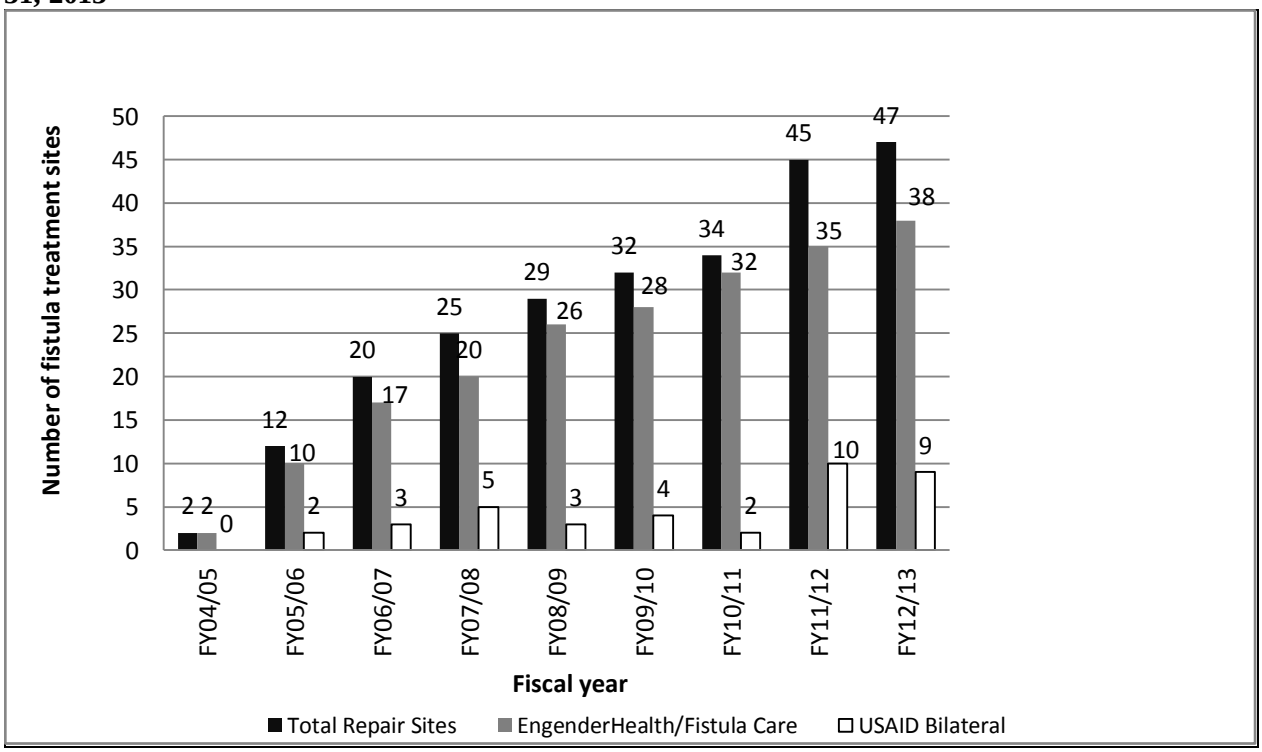
Table 1. Number of Countries and Sites Supported by USAID for Fistula Repairs and Prevention by Status, March 2013

Country	Active Countries	Number of Supported Sites in Active Countries			Number of sites under development[2]	Number Country Programs Completed
		Repair & Treatment Sites	Prevention only Sites	Total Sites		
Bangladesh	X	4	0	4	0	
DRC *	X	16	0	16	5 (T)	
Ethiopia**	X	0	4	4	0	
Guinea	X	3	6	9	0	
Mali	X	2	0	2	0	
Niger++	X	5	2	7	0	
Nigeria	X	10	19	29	0	
Pakistan^		NS	NS	NS	NS	1
Rwanda	X	3	0	3	0	
Sierra Leone	X	1	0	1	0	
Uganda	X	3	7	10	0	
Mercy Ships ^^						
Benin		NS	NS	NS	0	1
Ghana		NS	NS	NS	0	1
Liberia		NS	NS	NS	0	1
Togo		NS	NS	NS	0	1
Total	**10**	**47** **38 FC** **9 Other**	**38** **38 FC** **0 other**	**85** **76 FC** **9 Other**	**1 T (FC)** **4 Other**	**5**

*ProSani, (the bilateral) supports fistula repair at 9 sites; 4 additional sites are expected to be active in FY13. FC expanded to 1 new site in this quarter; 1 additional site is expected to be supported.
**USAID/Ethiopia direct support to Hamlin Fistula Ethiopia for 2 for repair and 1 prevention site ended in August 2012.
++1 new site added for support (Zinder) in support of the randomized clinical trial (RCT).
^USAID/Pakistan supported the renovation of a facility in Karachi, which was completed in December 2012. No other support being provided.
^^Fistula repair and training activities were carried out in four countries aboard the Mercy Ships hospital ships *Anastasis* (Ghana) and *Africa Mercy* (Liberia, Benin, Togo) with USAID support through EngenderHealth funding mechanisms. USAID funding support to Mercy Ships ended in FY10.

[2] T=treatment; P=prevention; NS: not currently supported

Figure 1. Number of fistula treatment sites by source of support and fiscal year, effective March 31, 2013



In mid-2012 EngenderHealth's ACQUIRE Tanzania Project (ATP) was asked by the USAID/Tanzania mission to conduct an assessment to determine the potential for integrating family planning services with services provided at Comprehensive Community Based Rehabilitation (CBBRT), a Tanzanian NGO); services provided by CCBRT include fistula repairs and a range of other disability related services through their main hospital and a network of community-based workers. The assessment has been completed and the RESPOND Tanzania Project (RTP; follow on to ATP) will be meeting with the CBBRT team in April to review the results, discuss recommended FP introduction/integration strategies and agree on next steps.

II. Management Activities

International Technical Assistance

During the January-March quarter 16 staff and consultants conducted technical assistance visits to nine countries: Bangladesh, DRC, Ethiopia, Guinea, Niger, Nigeria, Rwanda, Sierra Leone and Uganda. The purpose of each technical assistance visit is summarized in Table 2.

Table 2. International Technical Assistance, October 2012 to March 2013

Country	Purpose	Who
January – March 2013		
Bangladesh	To facilitate a consultative meeting on fistula indicators in the national HMIS.	Carrie Ngongo
DRC	To conduct partograph training services at two sites in Eastern DRC.	Dr. Isaac Achwal
DRC	To conduct the sixth monitoring visit for the RCT on short-term catheterization at Saint Joseph's hospital and to participate in a Fistula Care communication session.	Dr. Alexandre Delamou
DRC	To review Kisenso OR improvement and St. Joseph outreach efforts; to review outreach at Kissangani; to meet with partners for updates on national strategy.	Bethany Cole and Laura Nurse
DRC	To conduct counseling training at two partner sites in Kinshasa	Dr. Sita Millimono and Ms. Daoussau Beavogui (Guinea FC staff)
Ethiopia	To review end of project planning with USAID mission, Hamlin Fistula Ethiopia, and IntraHealth (IH)	Karen Beattie and Carrie Ngongo
Ethiopia	To conduct third monitoring visit for the RCT and to supervise the research assistant in Gondar.	Lilian Were
Ethiopia	To develop assessment plan of IH Ethiopia Fistula Care training activities	Karen Levin
Ethiopia	To follow-up visit for Hamlin Fistula and discussion of post-training mentoring curriculum	Prof Hamid Rushwan and Lord Naren Patel (FIGO Staff)
Guinea	To present community evaluation study findings	Ellen Brazier
Nigeria	To conduct the 4th monitoring visit monitoring visit for the RCT and to supervise the research assistant in Abakaliki, Nigeria.	Lilian Were
Nigeria	To provide support and technical assistance to Nigeria CO: Consultative meeting to develop guidelines for urinary catheterization for fistula prevention	Celia Pett, Joseph Ruminjo, Karen Beattie; consultants: Steve Arrowsmith, Dr. Justus Barageine, Tekle Gebre Egziabher.
Nigeria	To conduct a 5th monitoring visit for the RCT in Abakaliki Nigeria.	Lilian Were
Rwanda	To conduct infection prevention including medical environmental waste management training for service providers at one site.	Isaac Achwal
Sierra Leone	To conduct fistula counseling training at	Celia Pett and Levent

Country	Purpose	Who
	Aberdeen Women's Center.	Cagatay
Sierra Leone	To supervise the training of the new Research Assistant and conduct the fifth monitoring visit at the Aberdeen Women's Centre of Freetown where the recruitment of participants for the randomized controlled trial on short-term catheterization has resumed.	Alexandre Delamou
Uganda	To provide program support to the EngenderHealth/Uganda office	Karen Beattie and Carrie Ngongo
Uganda	To conduct medical monitoring in 5 sites supported by Fistula Care project of Uganda	Jeanne Kabagema
Uganda	To conduct fourth monitoring visit for the RCT and to supervise the research assistant in Kagando.	Lilian Were
October-December 2012		
Bangladesh	To collaborate with Kumudini Hospital on quality improvement related to C-section record keeping.	Celia Pett
DRC	To co-lead counseling training and two day ToT at Panzi Hospital	Sita Millimono, Daoussou Beavogui (Guinea FC staff)
DRC	To conduct medical monitoring at three sites in Kinshasa	Dr. Isaac Achwal
	To provide technical assistance in training and integration of family planning into fistula care for providers from three sites; Saint Joseph, Kisenso, and HBMM	Dr. Isaac Achwal
DRC	To conduct financial audits at IGL in Beni	Macka Barry
Niger	To conduct the fifth monitoring visit for the RCT on short-term catheterization at the central maternity ward of Zinder hospital	Dr. Alexandre Delamou
Niger	To facilitate a workshop on fistula counseling training for trainers	Dr. Jeanne Kabagema
Niger	To conduct data for decision making workshop during Facilitative Supervision training and to work with REF to schedule activities implementation	Carrie Ngongo
Nigeria	To conduct case study evaluation of family planning integration at three sites in Nigeria	Deborah Caro (consultant)
Nigeria	To conduct refresher training for the community screening teams and oversee data collection in Cross River state	Ozge Tuncalp (consultant)
Sierra Leone	To discuss recordkeeping and conduct a data for decision-making workshop with AWC staff; to assess the family planning program and whether there are ways EngenderHealth could be of support.	Carrie Ngongo

Subawards. During the January-March 2013 one subaward was approved for continuing work in Mali through our partner IntraHealth. Table 3 summaries all current active subawards as of March 31, 2013.

Table 3. Effective Subawards Approved thru June 2013

Institution	Country	Start Date	End Date	Subaward Number	Total obligated
Active subawards thru March 2013					
Ad-din	Bangladesh	September 1, 2012	June 30, 2013	BGD-071-03	$50,067
Kumudini	Bangladesh	August 1, 2012	June 30, 2013	BGD-069-04	$24,375
LAMB	Bangladesh	July 1, 2012	June 30, 2013	BGD-068-04	$65,683
CHUK	Rwanda	Dec 1, 2010	June 15, 2013	FCA-402-01	$136,483
HEAL Africa	DRC	July 1, 2012	July 30, 2013	FCA-600-02	$ 231,450
Mutombo	DRC	July 1, 2012	June 30, 2013	FCA-605-02	$156,843
MSRK	DRC	July 1, 2012	June 30, 2013	FCA-604-02	$ 123,957
Saint Joseph's Hospital	DRC	July 1, 2012	June 30, 2013	FCA-606-02	$ 166,683
IGL	DRC	July 1, 2012	June 30, 2013	FCA-602-02	$ 119,472
Panzi Hospital	DRC	July 1, 2012	July 30, 2013	FCA-601-02	$ 392,600
HHI	DRC	June 1, 2012	June 30, 2013	FCA-102-02	$ 79,272
IntraHealth/Ethiopia	Ethiopia	Oct 1, 2009	June 30, 2013	FCA-101-02	$ 2,681,637
IntraHealth/Mali	Mali	Oct 1, 2008	January 31, 2013	FCA-101-01	$ 2,516,090
REF	Niger	September 1, 2012	June 30, 2013	FCA-200-03	$258,999
Ruhengeri	Rwanda	March 15, 2012	June 15, 2013	FCA-400-02	$36,004
Gloag Foundation	Sierra Leone	September 1, 2012	June 30, 2013	FCA-500-02	$450,000
FIGO	Sub-Saharan Africa	February 1, 2011	March 30, 2013	FCA-501-01	$293,783
Kagando	Uganda	September 1, 2012	June 30, 2013	UGA-008-05	$107,734
Kitovu	Uganda	September 1, 2012	June 30, 2013	UGA-004-06	$194,891
Approved Subawards January – March 2013					
IntraHealth/Mali	Mali	January 1, 2013	June 30, 2013	SANY010	$457,524

Other Core Management Activities

Staffing. Mr. Matthew Kusen joined the team in March 2013 as Project Assistant. Matthew will be assisting with close out of subawards and other administrative tasks during Altine Diop's maternity leave.

Pipeline. Project staff continue to hold monthly pipeline meetings and discuss plans for spending down project funds by September 2013. Meetings have been held with USAID staff on the pipeline.

Closeout plan. Project staff have formed a closeout team and are actively reviewing subawards and project inventory to prepare disposition plans. In the next quarter a formal closeout plan will be developed and submitted to USAID for review.

III. Global Accomplishments

RESULT 1: Strengthen the capacity of centers to provide quality services to repair and care for women with obstetric and traumatic gynecologic fistula

Supported Repair Sites

During the January-March 2013 quarter 39 of the 47USAID-funded fistula treatment facilities reported repairs from 10 countries; only one site from the ProSani Project in the DRC reported repairs this quarter. Two new sites were added this quarter: Kisenso in the DRC and Zinder in Niger. Support to Mopti in Mali ended.

Fistula Repairs

As of March 31, 2013 USAID has achieved another important milestone: more than 30,000 repairs have been supported since 2005. During the January-March 2013 period 1,741 repairs were reported, a 40% increase over the October –December 2012 period. Significant increases occurred in the DRC, Mali, Niger, and Nigeria. Explanations for these increases are as follows:

- DRC – increased outreach workshops were conducted by Panzi and Heal;
- Mali - services began at two new sites;
- Niger - a new site was added (Zinder in support of the RCT);
- Nigeria - there were seven pooled efforts this quarter, compared to two in the October-December period;
- Uganda - increased outreach efforts, especially at Kagando in support of the RCT.

During this quarter, most repairs were conducted at government facilities (51.61%), followed by faith based institutions (41.1%) and private/NGO facilities (7.3%); see Figure 2.

Figure 2. Percent distribution of fistula repairs by sector, October 2012- March 2013

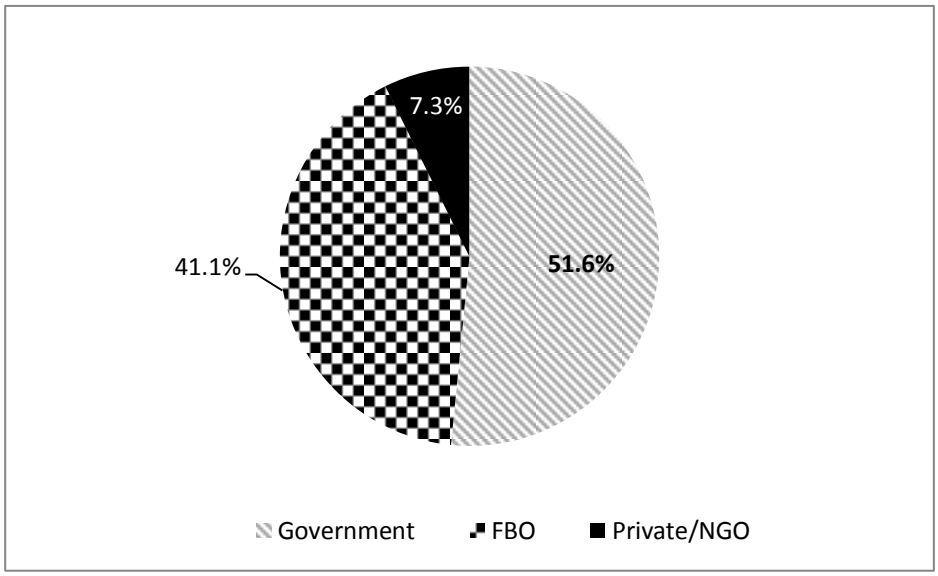


Table 4. Number of Fistula Repair Surgeries at USAID Supported Sites, by Country, Site and Year

	FY05-07	FY 07 / 08	FY 08 / 09	FY 09 / 010	FY 010 / 011	FY 12 Oct 11 - Sep 12					FY 13 Oct 12 - Sep 13			Grand Total
Country	**Total**	**Total**	**Total**	**Total**	**Total**	**Oct-Dec**	**Jan-Mar**	**Apr-Jun**	**July-Sep**	**Total**	**Oct-Dec**	**Jan-Mar**	**Total**	**FY 05 - FY 13**
Africa Mercy														
Benin	NS	NS	110	21	20	NS	NS	NS	NS	NS	NS	NS	NS	**151**
Ghana	63	NS	NS	NS	0	NS	NS	NS	NS	NS	NS	NS	NS	**63**
Liberia	NS	59	NS	NS	0	NS	NS	NS	NS	NS	NS	NS	NS	**59**
Togo	NS	NS	NS	97	0	NS	NS	NS	NS	NS	NS	NS	NS	**97**
Total	**63**	**59**	**110**	**118**	**20**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**370**
Bangladesh														
Ad-Din Dhaka	NS	NS	NS	34	50	18	10	17	8	53	10	11	21	**158**
Ad-Din Jessore	NS	NS	NS	2	1	6	13	0	6	25	3	7	10	**38**
Kumud	53	57	49	37	25	8	10	15	0	33	12	2	14	**268**
LAMB	116	52	81	70	74	26	8	32	7	73	26	9	35	**501**
MCH	63	13	1	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	**77**
Total	**232**	**122**	**131**	**143**	**150**	**58**	**41**	**64**	**21**	**184**	**51**	**29**	**80**	**1,042**
DRC														
HEAL Africa	268	200	214	210	163	60	37	82	109	288	32	112	144	**1,487**
IGL	NS	NS	NS	NS	38	23	17	18	20	78	22	23	45	**161**
Kisenso	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	4	4	**4**
MSRK	NS	NS	NS	NS	35	32	29	24	66	151	34	8	42	**228**
Mutombo	NS	NS	NS	NS	104	26	26	13	15	80	18	82	100	**284**
Panzi	371	134	268	262	180	190	214	58	38	500	189	226	415	**2,130**
St. Joseph	NS	NS	NS	NS	45	23	28	51	22	124	39	40	79	**248**
Project AXxes	NS	361	442	514	0	NS	NS	NS	NS	NS	NS	NS	NS	**1,317**
PS Kabongo	NS	NS	NS	NS	NS	NS	NS	NS	50	50	0	0	0	**50**
PS Katako Kombe	NS	NS	NS	NS	NS	NS	NS	NS	87	87	0	0	0	**87**
PS Katana	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	50	0	50	**50**
PS Kaziba	NS	NS	NS	NS	NS	30	30	30	62	152	15	60	75	**227**

	FY05-07	FY 07 / 08	FY 08 / 09	FY 09 / 010	FY 010 / 011	FY 12 Oct 11 - Sep 12					FY 13 Oct 12 - Sep 13			Grand Total
Country	**Total**	**Total**	**Total**	**Total**	**Total**	**Oct-Dec**	**Jan-Mar**	**Apr-Jun**	**July-Sep**	**Total**	**Oct-Dec**	**Jan-Mar**	**Total**	**FY 05 - FY 13**
PS Lodja	NS	NS	NS	NS	NS	NS	NS	NS	82	82	0	0	0	**82**
PS Luiza	NS	NS	NS	NS	NS	NS	NS	NS	28	28	0	0	0	**28**
PS Malemba Kulu	NS	NS	NS	NS	NS	NS	NS	NS	60	60	0	0	0	**60**
PS Tshikaji	NS	NS	NS	NS	NS	NS	NS	NS	49	49	0	0	0	**49**
PS Uvira	NS	NS	NS	NS	NS	NS	NS	NS	13	13	37	0	37	**50**
Total	**639**	**695**	**924**	**986**	**565**	**384**	**381**	**276**	**701**	**1742**	**436**	**555**	**991**	**6,542**
Ethiopia														
Arba Minch	NS	NS	NS	27	NS	NS	NS	NS	NS	NS	NS	NS	NS	**27**
Bahir Dar Ctr	564	596	297	383	307	70	109	89	124	392	NS	NS	NS	**2,539**
Mekelle Ctr	NS	n/a	166	177	195	38	97	63	n/a	198	NS	NS	NS	**736**
Total	**564**	**596**	**463**	**587**	**502**	**108**	**206**	**152**	**124**	**590**	**0**	**0**	**0**	**3,302**
Guinea														
Ignace Deen	193	63	49	20	NS	NS	NS	NS	NS	NS	NS	NS	NS	**325**
Jean Paul II	NS	36	88	126	144	70	46	40	29	185	35	38	73	**652**
Kissi	298	130	148	132	193	73	49	21	46	189	50	46	96	**1,186**
Labe	NS	NS	31	114	122	32	35	36	20	123	32	27	59	**449**
Total	**491**	**229**	**316**	**392**	**459**	**175**	**130**	**97**	**95**	**497**	**117**	**111**	**228**	**2,612**
Mali														
Gao Regional Hospital	NS	NS	46	40	91	17	26	10	NS	53	NS	NS	NS	**230**
Kayes	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	35	35	**35**
Mopti	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	20	NS	20	**20**
Sikasso	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	35	35	70	**70**
Total	NS	**0**	**46**	**40**	**91**	**17**	**26**	**10**	**0**	**53**	**55**	**70**	**125**	**355**
Niger														
Dosso	NS	17	15	22	41	1	3	7	10	21	2	2	4	**120**
Lamorde	27	70	84	129	173	0	32	33	45	110	46	44	90	**683**
Maradi	NS	123	59	63	67	24	0	14	7	45	30	14	44	**401**

	FY05-07	FY 07 / 08	FY 08 / 09	FY 09 / 010	FY 010 / 011	FY 12 Oct 11 - Sep 12					FY 13 Oct 12 - Sep 13			Grand Total
Country	**Total**	**Total**	**Total**	**Total**	**Total**	**Oct-Dec**	**Jan-Mar**	**Apr-Jun**	**July-Sep**	**Total**	**Oct-Dec**	**Jan-Mar**	**Total**	**FY 05 - FY 13**
Tahoua	NS	NS	NS	6	52	4	8	13	8	33	3	17	20	**111**
Tera	NS	3	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	**3**
Zinder	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	55	55	**55**
Total	27	**213**	**158**	**220**	**333**	**29**	**43**	**67**	**70**	**209**	**81**	**132**	**213**	**1,373**
Nigeria														
Abakaliki Fistula Centre	NS	NS	189	330	268	39	43	68	127	277	85	107	192	**1,256**
Babbar R.	356	536	331	359	330	118	67	120	111	416	78	124	202	**2,530**
Faridat Yak.	180	150	187	115	114	16	25	38	37	116	27	38	65	**927**
GH Ogoja	NS	NS	NS	NS	NS	21	23	42	28	114	0	29	29	**143**
Ibadan	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	11	10	21	**21**
Kebbi	102	122	151	207	216	53	76	53	33	215	61	44	105	**1,118**
Laure Fistula Ctr.	339	473	337	265	379	56	80	89	63	288	56	91	147	**2,228**
Maryam Abacha	104	156	152	200	137	28	37	51	22	138	57	38	95	**982**
Ningi	NS	0	0	0	63	0	23	0	55	78	0	40	40	**181**
Other	NS	0	0	136	0	0	7	7	29	43	0	0	0	**179**
Sobi	NS	0	0	0	0	13	6	3	13	35	7	14	21	**56**
Total	**1,081**	**1,437**	**1,347**	**1,612**	**1,507**	**344**	**387**	**471**	**518**	**1,720**	**382**	**535**	**917**	**9,621**
Rwanda														
CHUK	100	36	51	126	109	0	2	2	0	4	3	3	6	**432**
Kanombe	NS	NS	14	48	38	45	5	5	0	55	7	5	12	**167**
Kibogora	NS	NS	NS	NS	NS	21	0	0	0	21	NS	NS	NS	**21**
Ruhengeri	192	47	102	85	131	15	14	3	2	34	1	0	1	**592**
Total	**292**	**83**	**167**	**259**	**278**	**81**	**21**	**10**	**2**	**114**	**11**	**8**	**19**	**1,212**
Sierra Leone														
Aberdeen	272	363	253	166	211	64	80	45	55	244	12	61	73	**1,582**
Total	**272**	**363**	**253**	**166**	**211**	**64**	**80**	**45**	**55**	**244**	**12**	**61**	**73**	**1,582**
Uganda														

	FY05-07	FY 07 / 08	FY 08 / 09	FY 09 / 010	FY 010 / 011	FY 12 Oct 11 - Sep 12					FY 13 Oct 12 - Sep 13			Grand Total
Country	**Total**	**Total**	**Total**	**Total**	**Total**	**Oct-Dec**	**Jan-Mar**	**Apr-Jun**	**July-Sep**	**Total**	**Oct-Dec**	**Jan-Mar**	**Total**	**FY 05 - FY 13**
Hoima	NS	NS	NS	NS	NS	84	NS	100	0	184	0	0	0	**184**
Kagando	253	118	85	206	363	40	44	59	0	143	43	135	178	**1,346**
Kitovu	604	192	183	243	248	71	55	64	0	190	56	105	161	**1,821**
Total	857	**310**	**268**	**449**	**611**	**195**	**99**	**223**	**0**	**517**	**99**	**240**	**339**	**3,351**
Overall Total	**4518**	**4107**	**4183**	**4972**	**4727**	**1455**	**1414**	**1415**	**1586**	**5870**	**1244**	**1741**	**2985**	**31,362**
Fistula Care	3,315	2,816	3,278	3,871	4,225	1,317	1,178	1,233	1,031	4,759	1,142	1,681	2,823	25,087
Bilaterals	1,203	1,291	905	1,101	502	138	236	182	555	1,111	102	60	162	6,275

n/a: not available NS=not supported by USAID in reporting period.

Training Activities

Training at Supported Facilities. During the January-March period a total of 39 surgeons from five countries (DRC, Mali, Nigeria, Sierra Leone) attended training in fistula repair: 16 persons attended first time training and 23 attended continuing training in fistula repair surgery (DRC, Guinea, Mali, Nigeria, and Sierra Leone); see Table 5.

Table 5. Training in Surgical Repair by Country, October 2012 thru March 2013

Country	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sept	FY Total
Number Surgeons Trained for First Time in Fistula Repair					
DRC	0	2			**2**
Mali[3]	4	5			**9**
Nigeria	0	8			**8**
Sierra Leone	0	1			**1**
Sub-Total	**4**	**16**			**20**
Number Surgeons Continuing Training in Fistula Repair					
DRC	6	9			**9**[4]
Guinea	0	2[5]			**2**
Mali[6]	5	4			**9**
Nigeria	1	7			**7**[7]
Sierra Leone	0	1			**1**
Sub-Total	**12**	**23**			**28**
Total number trained	**16**	**39**			**44**

As shown in Table 6 over 2,000 persons attended training in a range of topics about fistula treatment and prevention between October 2012 and March 2013. Training conducted in support of fistula care services, in addition to the surgeon training, included training of providers in pre- and post-operative care (DRC, Guinea, Mali, Nigeria); infection prevention, quality assurance and fistula counseling. The Bangladesh program also conducted orientation about fistula treatment and prevention for more than 200 providers. In Mali where fistula repair services are being supported at new sites the training activities have been focused on surgeon training for fistula repair, pre and post-operative care and infection prevention. The new fistula counseling curriculum has been used in the last two quarters to train 175 providers from six countries (Bangladesh, DRC, Niger, Nigeria, Sierra Leone, and Uganda).

[3] Training for surgeons at new supported sites Sikasso (4 in the first quarter) and Kayes (5 in the second quarter).
[4] Surgeons are only counted once in the FY total, even if they receive training over multiple quarters during the FY.
[5] The Guinea program partnered with Mercy Ships while it was docked in Conakry to provide continuing training for two fistula surgeons and pre, intra, postoperative nursing care for five providers. Fistula Care supported the costs of the surgeries conducted by the trainees; we will include these repairs in the next quarterly report.
[6] Five surgeons from Mpoti who had received some earlier training through non Fistula Care funds participated in continuing training. Four surgeons from Sikasso received first training in the first quarter and continuing training in the second quarter.
[7] One surgeon received continuing training in the first and second quarters.

Table 6. Number of Persons Trained by Topic, by Country and time period, FY13

	October 2012-March 2013										
	Bangladesh	DRC	Ethiopia	Guinea	Mali	Niger	Nigeria	Rwanda	Sierra Leone	Uganda	Total
1st fistula repair surgeon train.	0	2	0	0	9	0	8	0	1	1	**21**
FU fistula repair surgeon train.	0	9	0	2	9	0	7	0	1	2	**30**
Pre post op care	0	4	0	5	55	0	6	0	0	0	**70**
Infection Prevention	51	0	0	0	69	0	135	19	8	25	**307**
Quality Assurance	10	0	0	0	0	10	0	0	0	0	**20**
Fistula Counseling	8	52	0	0	0	51	30	0	29	5	**175**
FP methods	142	0	0	0	0	0	27	0	3	0	**172**
FP counseling	13	10	0	0	0	0	26	0	0	0	**49**
Obstetric care (general)	0	0	0	0	0	0	0	0	12	0	**12**
---- partograph	31	53	0	0	0	0	0	0	9	14	**107**
----partograph, CS, catheter.	15	18	0	0	0	0	15	0	0	0	**33**
Fistula Screening /Prevention, Health workers	262	0	717	0	0	0	0	0	0	0	**979**
Community Outreach	0	0	0	0	0	0	0	0	0	74	**74**
Other	23	0	0	0	0	0	0	0	27	45	**95**
Total	**555**	**148**	**717**	**7**	**138**[8]	**61**	**254**	**19**	**31**	**166**	**2,096**[9]

Fistula Surgeon Training Follow-up Review. Fistula Care has been supporting the training of surgeons to perform fistula repairs since the inception of the project. In April of 2010, we conducted our first systematic review to track the status of all surgeons who had attended training in fistula surgery with support from USAID since 2008. Those findings were presented in the FY10 Annual Report. A second follow up was conducted and presented in the FY11 Annual Report. We have completed our third follow up of all surgeons trained and the most current results are presented below.[10] Some of this training was supported under the ACQUIRE Project prior to October 2007 (e.g., in Bangladesh, Rwanda, Uganda) or through the AWARE Project (e.g. Niger and through Mercy Ships in Ghana).

The focus of the follow-up assessment was to determine:

- Trainee's current workplace;
- Number of trainees attending only one training;

[8] Four surgeons received first training in the first quarter and continuing training in the second quarter and are only counted once in the FY total.

[9] The total number trained for the FY does not equal the sum of the total number trained for each category because to do so would involve double counting of individuals trained in different categories.

[10] We did not contact Project AXxes or ProSani in the DRC, nor Hamlin Hospital in Ethiopia about any USAID funded training in fistula repair.

- Trainee competence (highest level of training attained: simple, medium/intermediate or complex repairs);
- Whether the trainee trained to be a trainer, and, if so, had the trainee provided training for others;
- Whether the trainee is currently providing fistula repairs and, if so, where;
- If not currently providing repairs, why not;
- Estimated number of repairs performed since training; and
- Details on any training follow up that had been conducted to assess the trainee's skills post-training.

In our FY10 review we identified a total of 143 surgeons who had attended at least one training event between 2005 and April 2010. In the FY11 review, we identified 189 surgeons. Our current review included 244 surgeons that had received training since 2005. Increases are attributed to additional surgeons receiving training, and to the data becoming cleaner with each successive review; see Table 7.

Of the 244 surgeons, 130 trainees (53%) attended only one training and 112 trainees (46%) attended more than one training (2 cases missing). We were able to gather information about the current status (providing fistula surgery or not) for 198 surgeons (81%). Of those 198 surgeon trainees, about half (n=95, 48%) reported they were currently providing repair services; and 67% of these active surgeons (n=64) were posted at Fistula Care supported sites

The greatest proportion of surgeons trained reached simple competency in fistula repair (n=118; 48%). Medium competency was achieved by 18% (n=45), and competency in complex fistula repair was achieved by 14% (n=34). Twenty-six trainees did not achieve competency in repair (11%) and data was not available for 21 trainees (9%).

Table 7. Follow up Review of Fistula Repair Trainees by Country, as of March 31, 2013

	Bangladesh	DRC	Guinea	Mali	MS	Niger	Nigeria	Rwanda	Sierra Leone	Uganda	Total
No. of Trainees	13	44	16	18	5	31	53	25	13	26	**244**
No. trained prior to 10/2007	*4*	*10*	*0*	*0*	*2*	*18*	*2*	*7*	*8*	*11*	**52**
No. Attending 1 training	10	15	0	9	5	19	42	5	10	15	**130**
Of those attending 1 training, # from non-FC supported sites	*0*	*8*	*0*	*0*	*5*	*6*	*22*	*2*	*10*	*10*	**63**
No. attending >1 training	3	28	16	9	0	11	11	20	3	11	**112**
No. trainings attended n/a	*0*	*1*	*0*	*0*	*0*	*1*	*0*	*0*	*0*	*0*	**2**
Level of Surgical Competency											**0**
Simple	9	22	12	5	2	19	26	14	0	9	**118**
Medium	1	5	2	6	3	9	8	2	1	8	**45**
Complex	2	17	0	1	0	3	6	0	1	4	**34**
Not yet competent	0	0	2	6	0	0	0	9	4	5	**26**
Data unavailable	1	0	0	0	0	0	13	0	7	0	**21**
No. trained to be trainer	0	25	0	1	0	NA	2	**1**	**0**	**13**	**42**
No. provided training to others	0	10	0	1	0	1	0	**1**	**0**	**6**	**19**
No. Currently Providing repairs	**7**	**18**	**12**	**9**	**0**	**6**	**15**	**10**	**3**	**15**	**95**
No. Not providing repairs	4	22	4	9	5	25	12	13	0	9	**103**
Data unavailable	2	4	0	0	0	0	26	2	10	2	**46**
No. trained providing repairs at FC supported sites	**6**	**7**	**12**	**9**	**0**	**6**	**12**	**9**	**1**	**3**	**64**
No. repairs performed by trainees since training	472	580	1195	246	45	NA	NA	255	NA	1924	**4717**
Follow up Visit											
No. reporting Follow-up visit	0	9	0	9	0	6	2	7	1	6	**40**
No. reporting no follow-up visit	10	4	16	9	5	0	24	16	1	19	**104**
Data unavailable	3	31	0	0	0	25	27	2	11	1	**100**

Forty-two trainees (17%) had been trained as trainers, and 19 (8%) had provided training to others. Trainees reported having performed over 4,700 repairs in total following their trainings. Follow-up visits appear to be rare based on reporting, however in many cases this is because follow-up takes place in the form of supportive supervision, medical monitoring and continuing training, rather than as a formal training follow-up visit.

The number of surgeons who have been trained by the project and are currently providing repairs at a FC supported site fell in Bangladesh, Niger, and Nigeria. The number increased in Guinea, Mali and Rwanda. Fistula services experience the same challenges as other areas of health care when trained personnel are reassigned for reasons of career advancement, further studies or need. Because fistula services are specialized, and because the resources required to support fistula surgery are not insignificant, it is not always possible for a trained fistula surgeon to continue to provide these services in his or her new place of employ. A second challenge, also faced by health services in general is the selection of trainees. Fistula surgery is not glamorous, nor is it likely to be income producing. So while training of surgeons and surgical teams is an essential component of fistula services, it is not sufficient. The units of analysis should more properly be the fistula service site and the national framework for fistula services, which is the basis of the levels of care framework.

Other Activities

Urinary Catheterization for Prevention and Immediate Non-Surgical Treatment of Fistula: A Consultative Meeting to Review and Standardize Current Guidelines and Practice. Emerging evidence, through the pioneering work of Dr. Kees Waaldijk in northern Nigeria, suggests that cases of obstetric fistula which present soon after the injury may heal spontaneously if the bladder is drained with a catheter. It is estimated that early management with a catheter could lead to closure of the fistula in 25% of cases. Treating fistula conservatively and perhaps preventing it by catheterization offers a promising approach to reducing the need for surgical repair.

In March 2013, Fistula Care convened a consultative meeting in Abuja, Nigeria to review current guidelines, discuss knowledge gaps and develop recommendations for standardized approaches to urinary catheterization for prevention and early management of fistula. The meeting brought together a group of experienced Nigerian and international fistula surgeons, representatives of national and international professional nursing and midwifery associations, relevant officials from the Federal Ministry of Health (FMOH), as well as national and international staff from Fistula Care. Fistula Care conducted a review of literature pertinent to this topic and conducted an informal survey of current practice among national fistula service providers. Key outcomes from these discussions included:

- Results from the informal survey revealed that, while fistula surgeons generally practice urinary catheterization for early management of fistula, there is wide variation in the way that treatment is implemented. For example, none of the providers surveyed reported the existence of written treatment protocols, the

duration of catheterization for conservative treatment ranged from 2-6 weeks, and inclusion criteria ranged from "small fistula only" to "any woman who is leaking."

- Consensus was reached on a simplified standardized approach to catheterization for early management of fistula. Two separate treatment pathways were developed: a simplified version for health providers in facilities without specialized fistula care and another designed to guide fistula surgeons.
- Participants identified the need for research on outcome predictors for fistula management by early catheterization and for a comparison of catheterization outcomes for different causative injury, i.e. obstetric versus iatrogenic fistula.
- To prevent fistula, a provisional recommendation was made, based on existing clinical guidelines, to catheterize all women following prolonged or obstructed labor and prior to assisted delivery or cesarean section. Participants proposed that duration of catheterization should be 14 days and suggested that the procedure could be performed by any trained health provider with midwifery competencies as well as at all tertiary facilities. However, there was uncertainty about the evidence base and feasibility of implementing this intervention. The group agreed on the need for further discussion prior to finalizing the recommendation.
- Participants identified the lack of evidence for the effectiveness of catheterization to prevent fistula and called for more research to evaluate this treatment approach. They also identified potential health system and client acceptability challenges to implementing catheterization for fistula prevention in Nigeria and suggested a knowledge, attitude, and practice (KAP) survey of community and facility-based providers to shed light on these issues.

Next steps:

- Since the primary goal of the meeting was to develop national guidelines in collaboration with the FMOH, the meeting report and recommendations will be presented to the national Fistula Provider Network and then to the Obstetric Fistula Technical Working Group for finalization of guidelines.
- The meeting report will be disseminated to other key stakeholders, partners and professional associations for consideration outside of Nigeria. It is anticipated that meeting conclusions and recommendations will be relevant to a wider audience of stakeholders and may in addition, provide a foundation for the development of global guidelines.
- Fistula Care and partners will explore ways to implement these guidelines on a larger scale.

Mortality Audits. FC clinical staff continue to follow up on the rare mortality events related to fistula treatment; there was one death in the January-March period. The mortality rate is estimated at 0.07% over the life of USAID support to EngenderHealth for fistula repair. In February 2013 we shared with USAID/W an updated audit report of deaths reported through December 2012. We presented a paper about these data at the 2013 Global Maternal Health Conference in Arusha, Tanzania. We are preparing a manuscript for publication about these data.

RESULT 2: Enhance community and facility understanding and practices to prevent fistula, utilize and deliver services for emergency obstetric care, and support women's reintegration

Prevention Supported Sites

In FY13 USAID funds are supporting 38 prevention only sites in five countries (Ethiopia, Guinea, Niger, Nigeria, and Uganda); 19 of these sites are in Nigeria for support of family planning services at the request of the USAID/Nigeria mission.

Training in Prevention Services

During the October 2012-March 2013 period sites in Bangladesh, DRC and Nigeria, and Sierra Leone conducted training for more than 200 providers in FP counseling and/or FP method provision; see Table 6. Training for obstetric services occurred in Bangladesh, DRC, Nigeria, Sierra Leone and Uganda. Bangladesh and Ethiopia trained hundreds of health workers in screening and prevention messages; and in Uganda they conducted community outreach training for prevention.

Family Planning

Family Planning/Fistula Integration Evaluation. The purpose of this evaluation activity is to document the processes, outputs and outcomes of the family planning/fistula integration initiative. The evaluation protocol was developed and approved in FY12. In November 2012 Ms. Deb Caro from Cultural Practice traveled to Nigeria to review the progress of the program on FP integration as a country case study. In this quarter Ms. Caro conducted key informant interviews with Fistula Care staff and partners in other countries where we have supported integration efforts. A first draft of the report was submitted. We will finalize the report in the next quarter. We prepared and submitted an abstract about the FP integration work in Nigeria for submission to the Third International Conference on Family Planning, scheduled for November 2013 in Addis Ababa.

Engaging Communities in Fistula Prevention

During this quarter Ms. Ellen Brazier, EngenderHealth Senior Technical Advisor for Community Engagement, completed the analysis and report writing for the Guinea community evaluation. The report was shared with USAID in January. The study show that in communities where the project-supported Village Safe Motherhood Committees (VSMCs) are active, effective and trusted as a primary source of maternal health information and help, women are more than twice as likely to deliver in a health facility, compared to women living in communities without an active or effective committee. Study findings also show that counseling on birth preparedness and knowledge about birth preparedness are strongly linked to household preparation for childbirth, which itself is strongly associated with facility delivery. Knowledge about obstetric risks and danger signs (which are often considered to be key elements of birth preparedness/complications readiness – and in fact are sometimes used as a proxy for birth preparedness and an appropriate focus for birth preparedness counseling) were not actually associated with women's birth preparation levels or with their use of facility delivery.

Ms. Brazier traveled to Guinea to present these findings at a national dissemination meeting held on 13 March in Conakry. The dissemination meeting was attended by about 45 stakeholders, including representatives from the Ministry of Health and Public Hygiene (MOH)[11], USAID, Ministry of Decentralization, the National Institute of Statistics, WHO, UNFPA, UNDP, Plan Guinea, JHPIEGO, PSI, AGBEF, and StatView (research partner). Also in attendance were the Mayors of Kissidougou, Labé and Boké where the Village Safe Motherhood Committees (VSMC) have been established and the VSMHC Presidents from Kissidougou and Labé. Overall, the dissemination workshop was very successful. Meeting participants were engaged and interested in the study findings, and the Secretary General of the MOH remained for the entire meeting, as did the USAID Health Advisor, Dr. Marouf. The workshop moderator (Director of Community Health) recommended wide dissemination of the study findings, and he also expressed appreciation for the presence of local government officials (Mayors, prefectural health staff, etc.) from Kissidougou, Labé and Boké. Two manuscripts on this study are in preparation for submission to peer-reviewed journals. We will also organize a brown bag in Washington DC for USAID and other partners sometime in the next few months.

Cesarean Deliveries

Fifty-one sites supported by the project reported deliveries during the first two quarters of this FY; only five sites do not perform cesareans (one site in Ethiopia and four sites in Uganda). The institutional cesarean rates for the October 2012-March 2013 period ranged from about 50% or more at 10 sites in four countries (Bangladesh, DRC, Mali, Rwanda) to 10% or less at all seven sites reporting from Nigeria, two sites the DRC, and one site in Niger; see Table 8.

Table 8. Number of Deliveries & Cesarean Sections, Selected Fistula Care Supported Sites, by Country, October 2012 – March 2013

Country, site	All Deliveries	Cesarean deliveries	Cesareans as % of all Deliveries
Bangladesh			
Ad-Din Dhaka	4921	3246	66%
Ad-Din Jessore	1810	1184	65%
Kumudini	1439	660	46%
LAMB	1873	354	19%
DRC			
IGL	60	30	50%
HEAL	857	101	12%
Kisenso	464	33	7%
MSRK	728	68	9%
Mutombo	141	37	26%
Panzi	1553	460	30%
St. Joseph	1574	614	39%
Ethiopia			
Dangla[1]	583	0	0%
Guinea			
Boke	1057	127	12%
Faranah	291	42	14%

[11] Various departments of the MOH were represented including: Secretaire General, Direction Nationale de la Santé Communautaire, Direction Nationale Sante Familiale et Nutrition, Comite d'Ethique, Formation et Recherche, Direction Préfectorale de Sante de Kissidougou, de Labé et de Boké.

[1] Due to staffing issues, cesarean section were unavailable at Dangla during this time period

Country, site	All Deliveries	Cesarean deliveries	Cesareans as % of all Deliveries
Ignace Deen	2005	618	31%
JP II	430	60	14%
Kindia	1277	312	24%
Kissidougou	711	287	40%
Labe	805	223	28%
Mamou	1083	296	27%
N'Zerekore	524	139	27%
Mali			
Mopti	260	134	52%
Kayes	629	97	15%
Sikasso	721	318	44%
Niger			
Dosso	1095	232	21%
Issaka Gazobi	2776	1395	50%
Maradi	1072	547	51%
Tahoua	2170	129	6%
Tera	512	54	11%
Nigeria			
Argungu	365	10	3%
Faridat Yakubu	239	20	8%
GH Ogoja	336	29	9%
Kamba	199	8	4%
Maryam Abacha	831	32	4%
Maiyama	145	9	6%
Sobi	167	17	10%
Rwanda			
CHUK	947	473	50%
Kanombe	105	48	46%
Ruhengeri	2126	1019	48%
Sierra Leone			
Aberdeen	449	95	21%
Uganda			
Bwera	1774	432	24%
Hoima	2452	657	27%
Kagando	934	424	45%
Kalungu	178	0	0%
Karambi	442	0	0%
Kitovu	735	319	43%
Masaka	4113	1024	25%
Nyabugando	111	0	0%
Rwesande	63	21	33%
Town Council HCIII	113	0	0%

RESULT 3: Gather, analyze, utilize and report data to improve the quality and performance of fistula services

Ongoing Research

Randomized Clinical Trial: Non-inferiority of short-term catheterization following fistula repair surgery. Fistula Care and the World Health Organization (WHO) continue to collaborate to implement the study which aims to examine whether short-term (seven day) urethral catheterization is not inferior to longer-term (14 day) urethral catheterization in terms of incidence of fistula repair breakdown. The study is being implemented at eight sites in the DRC, Ethiopia, Guinea, Kenya, Niger, Nigeria, Sierra Leone, and Uganda. As of March 31, 2013 a total of 746 women have been screened, 445 randomized and 315 completed the three month follow up; see Table 9. Overall, we have currently randomized nearly 87.8% of the planned total sample size of 507 women[12]. We had hoped to complete randomization by the end of March, but unfortunately did not meet that goal; enrollment will extend into April.[13]

As previously reported, we changed the recruitment strategy and have asked sites to continue recruitment if they reach the original recruitment goal of 64 women, until the overall sample size of 507 is achieved at all the study sites combined. All sites agreed to this revised strategy and as of the end of March the DRC, Guinea, Nigeria, and Sierra Leone had exceeded the original recruitment level of 64 women. This is helping to make up for the lower than anticipated recruitment at the other four sites.

We continue to work with sites to address issues with provision of fistula services that might be affecting recruitment and to devise strategies to increase caseload (e.g. increasing mobilization activities and planning/funding for pooled efforts), which clearly has translated into more women being recruited. There was a solid increase in recruitment in January relative to the average over the last five months of 2012, and February was our best month since the start of the study, with 59 women randomized.

Three month follow-up continues to be excellent at all of the study sites. Overall, the follow-up rate (among those who have reached their follow-up date) is approximately 91%, ranging from 77-100% among the study sites (four sites have 100% follow-up). Research assistants and others at the study sites have been working hard to ensure that as many women as possible return for their 3 month visit, and the efforts are clearly paying off. The sample size calculation used 20% lost to follow-up, so with less than 10% lost to date we are doing very well. The two study regional coordinators/monitors, Dr. Alexandre Delamou, based in Conakry (supporting sites in Guinea, DRC, Niger and Sierra Leone) and Ms. Lilian Were, based in Nairobi (supporting sites in Kenya, Nigeria, Ethiopia and Uganda) made monitoring visits to all of the study sites during

[12] We had previously been using 512 as the total sample size. This was because we were recruiting 64 women at each of the 8 study sites. The actual calculated sample size is 507 women. Since we changed the recruitment strategy and no longer have equal recruitment at the study sites, we are using the calculated sample size of 507women as our recruitment goal.

[13] On April 30, 2013 enrollment was completed with just over 507 women randomized. In the next quarterly report we will have an update about timeline for completion of the study.

Table 9. Number of patients screened, randomized and followed up by study site thru March 2013

Site/Country	Through December 2012			January-March 2013			Total January 2012 thu March 2013			Percent of total recruitment to date (# randomised/ sample size at site)
	# screened	# randomized	# completed follow-up	# screened	# randomized	# completed follow-up	# screened	# randomized	# completed follow-up	
St. Joseph's DRC	86	46	29	39	20	17	125	66	46	**103.1%**
Gondar, Ethiopia	45	13	12	13	8	1	58	21	13	**32.8%**
Kissidougou Guinea	148	48	37	45	33	20	193	81	57	**126.6%**
Kenyatta, Kenya	76	30	24	8	6	3	84	36	27	**56.3%**
Zinder, Niger	104	40	30	12	4	11	116	44	41	**68.8%**
Ebonyi, Nigeria	127	50	24	25	16	18	152	66	42	**103.1%**
AWC, Sierra Leone	105	69	60	28	23	3	133	92	63	**143.8%**
Kagando, Uganda	55	27	20	16	12	6	71	39	26	**60.9%**
Totals	746	323	236	186	122	79	932	445	315	**87.8%**

the last quarter. Following each interim monitoring visit to the sites, the study monitors ship the completed and reviewed case report forms to WHO in Geneva for data entry. Double data entry has been ongoing in Geneva and recently an additional data entry clerk was hired to ensure that the data entry process continues to move along smoothly as more and more data forms arrive in Geneva. Data queries are sent routinely by data management staff to the study sites for resolution and nearly all that have been received by sites have been resolved. We are on track with all of the data management aspects of the study.

The study's Data Safety Monitoring Committee (DSMC) met on 25 March 2013 at WHO Headquarters in Geneva to review the interim data analysis that had been prepared by the WHO statisticians. The Committee recommended that the trial should continue until its planned completion. They were very impressed with how the trial is going, with the data management procedures being used, with the excellent quality of the data, and with the high follow-up rates that have been achieved.

In February, we received renewal of the ethical approval to continue the study from the Gondar University IRB. We had previously received all the other necessary renewals to continue the study until its completion.

We had scheduled a meeting at EngenderHealth's NY office on 26-27 February 2013 to discuss the data analysis plan for the study so that it could be finalized well in advance of completion of the study. Staff from USAID/Washington and WHO/Geneva were to travel to NY to participate in the meeting. Unfortunately, the meeting had to be postponed; the meeting was rescheduled for 10-11 April, 2013.

Community Screening Model for Fistula. The true prevalence and incidence of obstetric fistula remains difficult to determine, for several reasons. In Nigeria, the condition was mainly thought to occur in the northern part of Nigeria only, but field experience and recent findings from the 2008 Nigeria Demographic and Health Survey (DHS) have shown otherwise.
To respond to this lack of data, in collaboration with Stanton-Hill Research LLC, Fistula Care designed a study to (1) quantify the backlog of obstetric fistula cases within selected local government areas (LGAs) of Kebbi and Cross River States, by conducting community-based screenings in these LGAs; (2) explore the feasibility of reporting minimum estimates of prevalence and incidence of fistula at the district and state levels; (3) assess the questions in the DHS fistula module; and (4) document the methodology for use in other districts or states. The study was conducted in 2012 and the final report submitted in March 2013.

Prior to the community screening events, Nigeria's Fistula Care team trained female nurse-midwives in the diagnosis and documentation of fistula and collaborated with community outreach groups about the planned outreach events. Nurse-midwives were selected for training for two reasons: to demonstrate that screening did not necessarily need to be done by fistula surgeons and/or obstetrician-gynecologists, and to address cultural sensitivities in the predominately Muslim communities of Kebbi State, where female providers may be more acceptable. Community outreach efforts with traditional leaders, village heads, LGA staff, health

educators, and religious leaders were undertaken four weeks prior to the screening events, to help ensure a good turnout for the events.

Four week-long screening events were conducted (two per state) between July and November 2012. A total of 268 women were screened; the most common diagnoses were cyctocele/rectocele (45 women, 16.8%), a urinary and/or rectal fistula (38, 14.2%), and uterine prolapse (28, 10.5%). The screening events in Kebbi State were considered more successful than those in Cross River, primarily as a result of Fistula Care's longer history working with the community groups.

We intended to attempt a calculation of the minimum estimates of fistula prevalence at the individual district level and further extrapolate those estimates to the state-level using data from the fistula treatment facility registers along with lists of women needing fistula surgery from community based organizations. While the data from the facility registers was complete, the community organizations did not have lists of women in their communities requiring fistula surgery. Without these data we concluded that these calculations could not be made.

To verify the reporting of the fistula-like symptoms from the DHS fistula module with the actual diagnosis of fistula, we calculated the number of women reporting current fistula-like symptoms in the questionnaire and compared it with the number of women clinically diagnosed with fistula at the screening. The DHS fistula module includes a series of questions to assess if the woman has experienced fistula like symptoms, including when and how it may have occurred:

> "Sometimes a woman can have a problem such that she experiences a constant leakage of urine or stool from her vagina during the day and night. This problem usually occurs after a difficult childbirth, but may also occur after a sexual assault or after a pelvic surgery. This is called vesicovaginal fistula (VVF). Have you ever experienced a constant leakage of urine or stool from your vagina during the day and night?"

The prevalence in our study for current fistula-like symptoms was 28% (n=75). Verification assessment by clinical exam shows that the DHS question combined with the follow-up questions in the DHS fistula module has 92% sensitivity and 83% specificity, with 47% positive predictive value and 98% negative predictive value. These results suggest that it is a fairly good measurement of identifying the women who currently have fistula.

This strategy for identifying the backlog of women in need of fistula repair surgery seems feasible, including use of trained nurse-midwives to conduct the screening. A few key lessons learned include:

- Transportation of women to screening centers and those identified with fistula to surgical facilities should be an essential element of community-based fistula screening programs.
- Strong ties with communities and clear messaging strategies are crucial for success in identifying fistula cases in community-based fistula programs.
- Future fistula programs (including training programs for surgeons) should consider providing care for women afflicted by related urogynecological problems, such as uterine

prolapse, and should identify appropriate treatment regimens for women with postsurgery leakage.

In the next quarter we will discuss with Stanton-Hill Research LLC the possibility of developing a manuscript for publication about this approach.

Completed Research

Determinants of Post-Operative Outcomes in Fistula Repair Surgery. The fourth manuscript from the study, "Development and comparison of prognostic scoring systems for surgical genitourinary fistula surgery closure" was published in the February 2013 edition of the *American Journal of Obstetrics and Gynecology*.

The manuscript "Profiles and experiences of women undergoing genital fistula repair: findings from five countries" was submitted to the journal *Global Public Health* in December 2012. We received comments from the reviewers in February. The reviewers saw the potential importance of the manuscript, but asked for some edits to the manuscript. The revised manuscript, as well as responses to the reviewer's comments, were submitted in March. We are waiting for the final decision.

We are working to finalize the last of the planned manuscripts, "Clinical Procedures and Practices in the Perioperative Treatment of Female Genital Fistula: a prospective cohort study". We hope to send it to the co-authors and USAID for review in the next few months.

We received a request for the study data set from a doctoral student at Johns Hopkins School of Public Health who is interested in doing some secondary analysis for her dissertation. After consultation with USAID and completion of EngenderHealth processes for requesting access to study data sets, we provided the data set to the student. We modified the dataset to ensure confidentiality of participants, study sites and surgeons who conducted repairs during the study prior to sharing it. She will submit all resulting draft manuscripts to EngenderHealth for review and approval prior; we will in turn submit these manuscripts to USAID for their review. She will ensure that EngenderHealth, its collaborators, and USAID are properly acknowledged in any publications.

Multi-Center Retrospective Record Review of Data Collection Procedures and Data Quality of Indications for Cesarean Deliveries. Two manuscripts were drafted this quarter based on the findings of a retrospective review of cesarean records. The first manuscript focuses on the application of the FIGO/Immpact proposed classification system for cesarean deliveries. The target journals for this manuscript include *BMC Pregnancy and Childbirth*, the *Bulletin of the World Health Organization*, or *PLoSOne*. The second paper investigates the quality of care and record keeping for cesarean births with target journals including the *International Journal for Quality in Health Care* or *BMC Pregnancy and Childbirth*. Both manuscripts will be submitted to USAID/W in April for their review/approval.

Guinea Program Evaluation. As noted above under Result 2, the community piece of this two part evaluation was completed in early January and results shared at an in-country symposium in March. During this quarter the first of two manuscripts about the study findings was drafted and

will be shared with USAID for review and approval in early April: "Rethinking birth preparedness interventions: focusing on what influences women's care-seeking during childbirth"; the target journal is *Studies in Family Planning.* The supply side report analysis and report writing continued in this quarter; a final report will be shared with USAID in the next quarter.

Other Monitoring, Evaluation and Research Activities

Supported Sites Routine Review of Data. Fistula Care continued to conduct data for decision making (DDM) workshops (using the *Data for Decision Making in Fistula Treatment Services* training guidelines) with supported sites to improve capacity to routinely review and discuss data. During the January-March quarter 22 FC supported sites reported they conducted at least one meeting to review fistula reporting data; see Table 10.

Table 10.Number of Meetings held to review data by Country and Site, October 2012 – March 2013[14]

Country	Oct-Dec	Jan-March	Apr-Jun	Jul-Sept	FY Total
Bangladesh					
Kumudini	2	1			3
LAMB	1	0			1
Ad-Din Dhaka Hospital	1	1			2
DR Congo					
HEAL Africa	1	1			2
IGL	0	1			1
Kisenso	NS	0			0
MSRK	n/a	0			0
Mutomobo Hospital	1	0			1
Panzi	3	3			6
St. Joseph's Hospital	1	1			2
Ethiopia					
Adet HC (pre-repair site)	1	1			2
Dangla HC (pre-repair site)	1	1			2
Woreta HC (pre-repair site)	1	1			2
Sekota (pre-repair site)	1	1			2
Guinea					
Jean Paul II	1	1			2
Kissidougou	1	0			1
Labé	0	1			1
Mali					
Kayes	0	0			0
Mopti	0	0			0
Sikasso	0	0			0
Niger					
Dosso	0	1			1
Lamordé	0	1			1
Maradi	0	1			1
Tahoua	0	1			1
Tera	0	1			1
Zinder	0	0			0
Nigeria					
Babbar Ruga	0	1			1

[14] n/a indicates data is unavailable; NS, not supported

Country	Oct-Dec	Jan-March	Apr-Jun	Jul-Sept	FY Total
Ebonyi Center	1	1			2
Faridat	0	1			1
Kebbi	0	1			1
Laure Fistula Center	1	1			2
Maryam Abacha	0	1			1
Ningi	0	1			1
Ogoja	1	1			2
Sobi	1	1			2
Rwanda					
CHUK	1	1			2
Kanombe	1	1			2
Ruhengeri	1	1			2
Sierra Leone					
Aberdeen	1	1			2
Uganda					
Hoima	0	0			0
Kagando	0	0			0
Kitovu	0	0			0
Total Number of Meetings	**24**	**32**			**56**
Total Number of Sites Reporting	**17**	**22**			**30**

Adoption and adaption of Fistula Care clinical indicators for national health management information systems (HMIS). Fistula Care partners in six countries have worked to incorporate fistula indicators into their national HMISs. Six national programs (Bangladesh, Guinea, Niger, Nigeria, Mali, and Uganda) have identified a small core set of obstetric fistula treatment indictors and are working through technical working groups or other structures to facilitate inclusion and rollout. Gaining consensus about which indicators to select for the HMIS required much discussion among stakeholders. In Uganda, for example, the Ministry of Health was reluctant to incorporate the indicators recommended by the fistula technical working group, given the complexity and detail already required by the HMIS. The inclusion of fistula indicators has required careful negotiation, creative merging of variables, and strong advocacy for the importance and future utility of the indicators. The Fistula Care team is preparing a manuscript about the project's experience developing and using obstetric fistula indicators. We expect to have a draft of this paper ready for USAID/W review at the end of the next quarter.

RESULT 4: Strengthen a supportive environment to institutionalize fistula prevention, repair and reintegration programs

Linkages/Collaborations

International Confederation of Midwives. Following the 2011 meeting on the partograph, convened by Fistula Care and the Maternal Health Task Force, EngenderHealth's senior technical advisor for service integration Betty Farrell and Suzanne Stalls (Director of Department of Global Outreach, American College of Nurse-Midwives (ACNM) contacted the International Confederation of Midwives (ICM) to ask for a change to the language on partograph competency in the ***Essential competencies for basic midwifery practice*** to make it clearer what effective partograph use entails. In January 2013 we were notified that this suggested modification was accepted. For competency #4 (Care during Labor and Birth), Bullet 7 of the knowledge component of the competency has been amended; instead of simply stating:

> 'The midwife has the knowledge and/or understanding of: 'how to use the partograph', the competency will now read *'how to use the partograph (i.e., complete the record; interpret information to determine timely and appropriate labour management)'*

All textual changes will be translated to Spanish and French, and will appear on the ICM website. The documents contain an amended date 2013. ICM membership associations will be notified that the document has been amended.

Realist Review of the evidence for the partograph. One of the recommendations from the 2011 international consultative meeting on the partograph was to conduct a Realist Review of the partograph. EngenderHealth has secured funding from the Bill and Melinda Gates Foundation to support this review. We will conduct the review in collaboration with Dame Tina Lavender at the University of Manchester.

UNFPA, Campaign to End Fistula and International Obstetric Fistula Working Group (IOFWG). Fistula Care continues to collaborate closely with UNFPA, the coordinator of the Campaign and secretariat of the IOFWG. As we reported in the October-December 2012 quarterly report, Fistula Care agreed to coordinate the work of the Data, Research and Indicators sub working group of the IOFWG.

This year marks the 10th anniversary of the Campaign to End Fistula and May 23 has been designated by the UN General Assembly as International Day to End Obstetric Fistula for this 10th anniversary. Karen Beattie, Fistula Care Project Director, will participate in a panel discussion at the 2013 Women Deliver Conference in May about accomplishments of the IOFWG. During this quarter, on behalf of the IOFWG, we circulated a questionnaire to over 100 members asking for updates about accomplishments in research related to fistula over the last 10 years as well as remaining gaps. Ms. Beattie will present the responses to this survey in her presentation about overall accomplishments of the IOFWG at Women Deliver. The results of this survey will also be shared through UNFPA's website portal and by email to the IOFWG members.

Fistula Care agreed to work with UNFPA to finalize the compendium of indicators that been under development for some years. We are agreed that we should publish the most recent compendium of indicators as Version 1.0 on the UNFPA website. In the introduction to the compendium we can add that issues such as indicators for women who are deemed incurable, etc. need further work and will seek feedback from users on the indicators included and any additional indicators needed for subsequent versions. A short list of indicators had been provided by CDC to Measure Evaluation and is up on their website. We will work on finalizing this document in the next quarter.

DRC Community of Practice. The DRC Community of Practice (CoP)continues to update the blog with relevant resources and links. During the March 2013 partner's meeting in Kinshasa, the CoP steering committee met and discussed updating the national strategy. Members of the steering committee met with the MoH, WHO, UNFPA and the bilateral project to discuss the next CoP meeting that is currently planned for June 2013 when the national strategy will be discussed and lessons learned from the Fistula Care project will be discussed.

Raising the Visibility of Fistula with External Audiences

Attendance and Presentations at Professional Conferences

Eight Fistula Care staff and partners made seven presentations at the **Global Maternal Health Conference** in Arusha, Tanzania in January 2013. These presentations were part of two panels the project organized for the conference.

The first panel, "Lessons from Fistula Programs: How to Improve Access for Better Maternal Health Outcomes," was moderated by Karen Beattie under the theme "Access to and Utilization of Quality Maternal Health Care." The panel included four presentations from Fistula Care staff and partners:

- "Experiences of Women Seeking Fistula Treatment from Five Countries: Implications for Prevention and Treatment Services" - Karen Beattie
- "Community-Owned Data Collection to Prevent Maternal Mortality and Morbidities in Niger" - Ahmed Mamane (Fistula Eradication Network)
- "Integrating Family Planning into Obstetric Fistula Treatment Services: Experiences from Gao, Mali" - Demba Traore, Ingrid Martens (both IntraHealth)
- "The Partograph Mentoring and Coaching Pilot in Uganda" - Lucy Asaba

The second panel, "Quality Services: Putting Data to Use," was moderated by Carrie Ngongo under the theme "Measurement of the Quality of Maternal Health Care." The panel included three presentations from Fistula Care staff:

- "Indications, Quality of Care and Outcomes for Cesarean Delivery: Results from a Five-Country Retrospective Record Review" - Evelyn Landry
- "Building Hospitals' Capacity to Use Obstetric Fistula Monitoring Data in Decision-Making" - Carrie Ngongo
- "Mortality Audits in Fistula Programs" - Dr. Joseph Ruminjo

Publications

Two manuscripts were published this quarter in peer review journals:

- "Development and comparison of prognostic scoring systems for surgical genitourinary fistula surgery closure" was published in the February 2013 edition of the *American Journal of Obstetrics and Gynecology*.
- In March 2013, the article "Striving for Excellence: Nurturing Midwives' Skills in Freetown, Sierra Leone" was published online by *Midwifery*.
- Fistula Care's 10th Technical Brief was published: *Creating an Enabling Environment for Fistula Prevention and Treatment in Uganda* and is available in both English and French on the website. The eleventh and final brief of the series about the partograph work in Uganda is under review by the MOH.

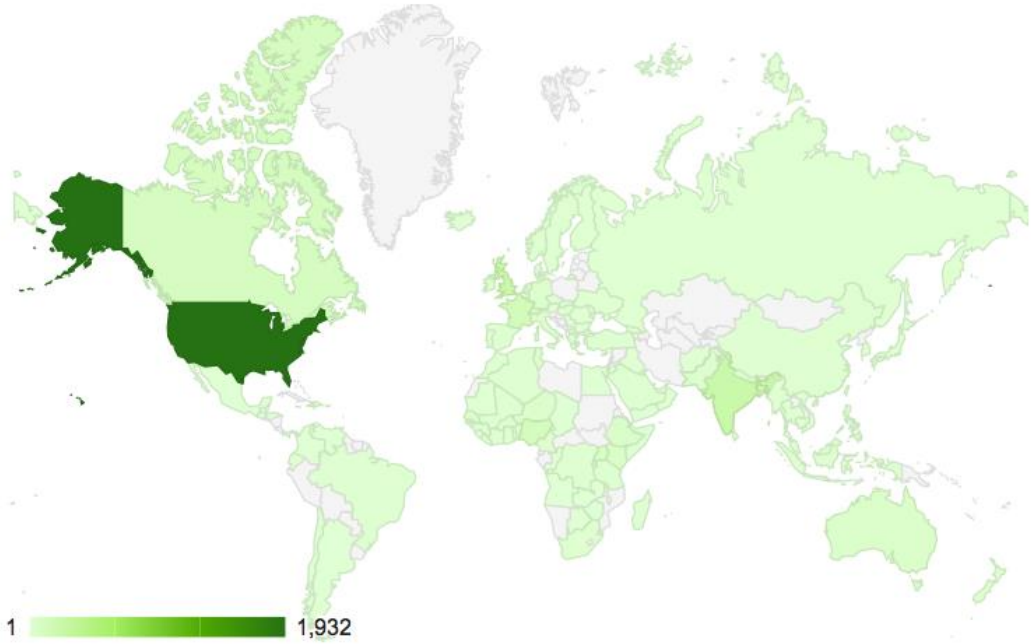
Fistula Care Newsletter

Fistula Care published its quarterly electronic newsletter on January 23, 2012. The newsletter featured country program updates about a Fistula Care meeting with the Bangladesh Ministry of Health and Family Welfare and a counseling training which took place in the DRC, as well as a training package developed by IntraHealth for the prevention of fistula in Ethiopia. There was special note of a new curriculum for nurses and midwives on the prevention and treatment of obstetric fistula, which launched in Tanzania in December 2012. The newsletter highlighted the role of nurses and midwives in the treatment and management of fistula as the "Fistula Champions". Also featured were meetings and events of interest and news articles featuring Fistula Care. We emailed the newsletter to 948 subscribers. The next Newsletter is scheduled to be published in April 2013.

FISTULA CARE WEBSITE

Between January 1 and March 31, 2013 there were 3,020 visits to the Fistula Care website, from approximately 997 cities. There were 408 visitors who had French set as the main language on their computer. The ten countries with the most visits were: the United States, India, United Kingdom, France, Nigeria, Canada, Uganda, Ethiopia, Kenya; the region with the second highest number of visits after the United States was reported as "not set". Since the website's launch in 2009, there have been 57,147 visits to the site.

Figure 3. Geographic Distribution of Fistula Care website visitors, by country, January 1 and March 30, 2013 (Google Analytics)



FISTULA CARE IN THE NEWS

Four articles about Fistula Care's work in Mali and Nigeria were published in this quarter. Although Fistula Care may be mentioned in the following works, their content does not represent the views or positions of Fistula Care or the U.S. Agency for International Development (USAID).

VVF: Plug up that Leaky Problem – *Nigerian Tribune, January 3, 2013*
This article describes the devastating social and psychological implications facing women living with incontinence as a result of VVF/ RVF, and the steps being taken by the Fistula Care project to provide treatment.

Missing Fistula Patients in Northern Mali Found – *IntraHealth, January 16, 2013*
Fistula Care partner IntraHealth International reports on the experiences of women being treated for obstetric fistula at Gao Regional Hospital in Northern Mali who were displaced during rebel attacks following seizure of the city of Gao a year ago.

USAID Bemoans Rise in Fistula, Non-implementation of Framework - *The Guardian (Nigeria), January 17, 2013*
The article sites rising cases of fistula in Nigeria due to lack of Federal Government funding and lack of commitment to the country's National Strategic Framework for Obstetric Fistula. Fistula Care Program Manager in Nigeria speaks to the media on the issue.

U.S. Promises More Support for National Fistula Hospital - *The Guardian (Nigeria), March 28, 2013*

The Consular General of the United States Embassy in Nigeria reaffirmed the commitment to treatment and prevention of fistula in partnership with the Nigerian Government.

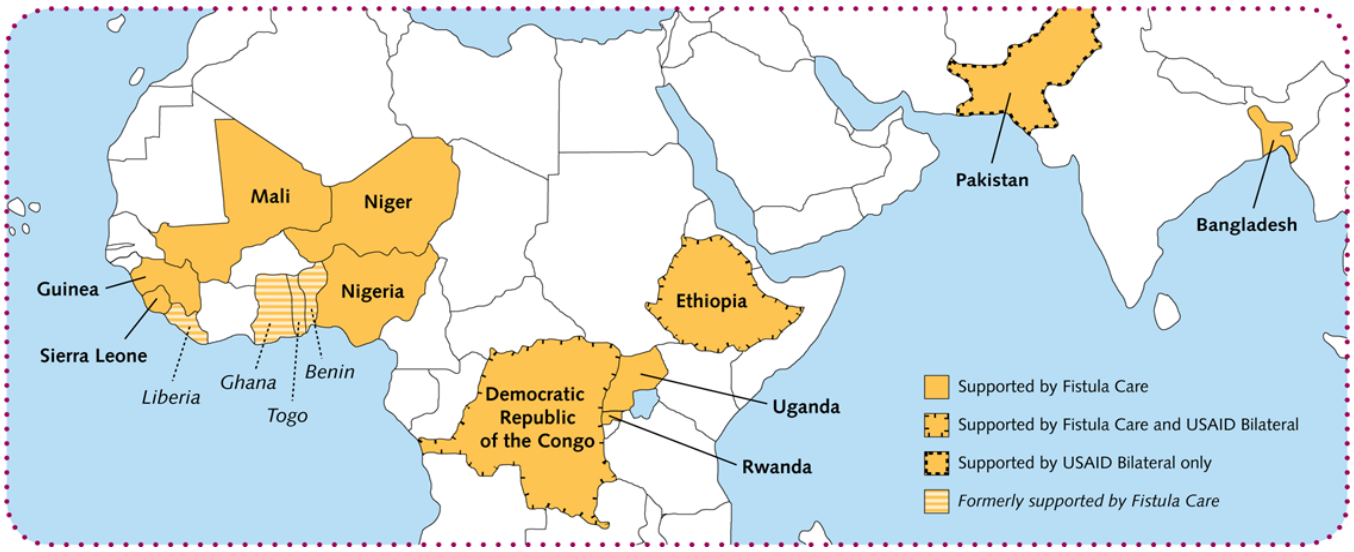
Utilization of Technical Products at Supported Sites

During the October 2012-March 2013 period 75 USAID supported treatment and prevention sites used at least once of the project developed tools (quarterly report); other most frequently used tools were the monitoring and supervision check list, Fistula Diagnosis Poster and/or Handout, Family Planning following Fistula Care and Data for Decision Making; see Table 11; (full details by supported site are listed in Annex 2)

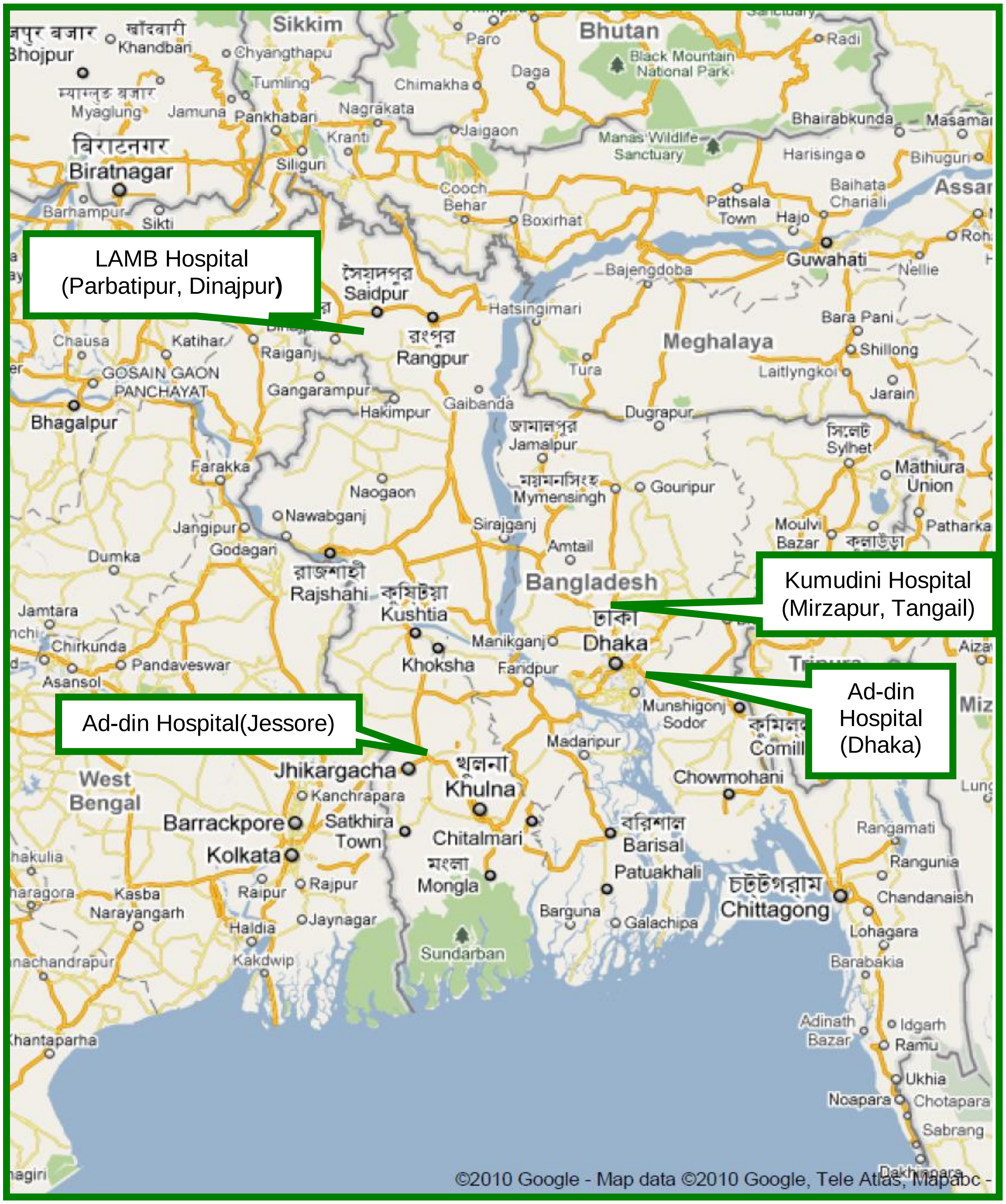
Table 11. Use of Fistula Care Technical Tools by Country, October 2012-March 2013

Country/Site	Quarterly Reporting Tools	Monitoring/ Supervision for Service Delivery Check list	Training Knowledge Assessment Tool	Monitoring/ Supervision for Training Site	Fistula Site Assessment Tool	Data for Decision Making Modules (ver.1)	Digital Stories Facilitator's Guide	Fistula Diagnosis Poster and/or Handout	Informed consent for Fistula Services Booklet	Family Planning following Fistula Care
Number sites reporting use in FY12/13 by country										
Bangladesh	4	4	0	2	0	2	0	3	4	3
DRC	7	6	3	5	0	2	0	4	5	6
Ethiopia	4	4	0	0	0	0	0	4	0	4
Guinea	9	0	0	0	0	3	0	3	3	3
Mali	3	0	0	0	0	0	0	3	3	3
Niger	7	0	0	0	0	4	0	4	3	2
Nigeria	27	3	0	0	0	0	0	0	0	0
Rwanda	3	3	0	3	0	0	0	3	3	3
Sierra Leone	1	0	0	0	0	0	0	0	0	0
Uganda	10	7	0	0	0	4	2	2	2	2
Total sites using tools	**75**	**27**	**3**	**10**	**0**	**15**	**2**	**26**	**23**	**26**

SECTION IV: Country Program Activities



BANGLADESH


LAMB Hospital
(Parbatipur, Dinajpur)
Kumudini Hospital
(Mirzapur, Tangail)
Ad-din Hospital(Jessore)
Ad-din
Hospital
(Dhaka)
Bangladesh
Dhaka
Khulna
Chittagong
Rajshahi
Rangpur
Sylhet
Barisal
Kolkata
©2010 Google - Map data ©2010 Google, Tele Atlas, Mapabc -

PROGRAM ACHIEVEMENT SNAPSHOT BANGLADESH	
Reporting Period	FY 12-13: October 2012-March 2013
Characteristic	**Description**
Start Date	July 2005 through the ACQUIRE Project
Supported Sites	Four private hospitals: • Kumudini Hospital (Mirzapur, Tangail) • LAMB Hospital (Parbatipur, Dinajpur) • Ad-din Hospital (Dhaka) • Ad-din Hospital (Jessore)
Background	Kumudini and Ad-din Dhaka Hospitals provide routine repair services, while LAMB and Ad-din Jessore provide periodic outreach repair services, relying on outside consultants, especially for complex repairs (as does Kumudini). Outside consultants also mentor junior surgeons and provide training for surgeons during concentrated outreach services. The EngenderHealth Bangladesh office raises small amounts of private funds locally from corporations and individuals to support some patient care and transportation costs. FC collaborates with the rehabilitation center of the national fistula center. Dr. Sayeba Akhter, formerly of the National Fistula Center, serves as a consultant to the program for training and complex repairs.
Treatment strategies (Result 1)	During FY13: • Eighty repairs were supported with an overall closed and dry rate of 77% • LAMB held a concentrated repair effort to reduce the backlog of patients awaiting repair.
Prevention strategies (Result 2)	The four supported sites provide a range of maternity services, including antenatal care, deliveries, cesarean sections and FP services. Sites also carry out community outreach activities with fistula prevention messages. During FY13: • 555 health care staff were trained on topics including orientation to obstetric fistula, family planning and fistula counseling, EmOC and partograph use.
Data utilization (Result 3)	Bangladesh participated in two global research studies—the prospective observational study on outcomes of repairs and the retrospective cesarean record review. Both studies were completed in FY10. The cesarean record review results were discussed with the sites in FY11. FC is working with Kumudini to strengthen cesarean recordkeeping and decision-making. The observational and cesarean study findings were disseminated nationally in FY12. During FY13: • FC has supported efforts of the Director of Primary Health Care of DGHS to incorporate fistula indicators into the DGHS MIS. • Record reviews of partographs and fistula surgical cases were conducted at LAMB and Kumudini Hospitals.
Policy work (Result 4)	Fistula Care serves as the secretariat for the National Fistula Task Force which meets regularly and has finalized the National Strategy on Obstetric Fistula. The Task Force met in February 2013 to continue efforts to secure approval of the strategy by the Directorate General of Health Services.

KEY INDICATORS SNAPSHOT BANGLADESH						
Reporting Period	FY 12-13: October 2012 – March 2013					
Characteristic	**Description**					
Indicators		**Oct-Dec**	**Jan Mar**	**Apr Jun**	**Jul Sep**	**Total**
Result 1: *Strengthen the capacity of centers to provide quality services to repair and care for women with obstetric and traumatic gynecologic fistula.*	# Repairs	51	29			80
	% women who had surgery who have closed fistula at discharge	75%	79%			77%
	% women who had surgery who experienced complications	0%	0%			0%
	# Surgeons Trained	0	0			0
	# other trained	181	374			555
Result 2: *Enhance community and facility understanding and practices to prevent fistula, utilize and deliver services for emergency obstetric care and support women's reintegration.*	# community outreach events	13	43			56
	# persons reached in community outreach	348	1751			2,099
	# births	5621	4422			10,043
	% of births c section	56%	52%			54%
Result 3: *Gather, analyze, utilize and report data to improve the quality and performance of fistula services.*	% sites reviewing reporting quarterly data	75%	50%			
Result 4: *Strengthen a supportive environment to institutionalize fistula prevention, repair and reintegration programs.*	# of facilities using FC products	4	4			4
Data Trends and Explanations	• There was an upward trend in number of fistula surgeries at LAMB in the first quarter due to a concentrated repair effort. LAMB has a high backlog due to unavailability of a regular surgeon and only being able to carry out simple repairs without the assistance of an expatriate surgeon. • Political unrest negatively affected the ability to schedule repair sessions at all sites as well as impeding regular communication with other government services from which referrals usually originate. • The second quarter takes place during the harvesting season during which women are particularly busy and choose not to come to the hospital for surgery.					

Table BGD1. Clinical Indicators by Site, October 2012 - June 2013, Bangladesh

	Ad-Din Dhaka			Ad-Din Jessore			Kumudini		
Fistula Treatment Indicators	**Oct-Dec**	**Jan-Mar**	**FY Total**	**Oct-Dec**	**Jan-Mar**	**FY Total**	**Oct-Dec**	**Jan-Mar**	**FY Total**
No. seeking FRS	11	18	29	6	14	20	12	2	14
No. requiring FRS	10	18	28	6	13	19	12	2	14
No. receiving FRS	**10**	**11**	**21**	**3**	**7**	**10**	**12**	**2**	**14**
Percent receiving FRS	**100%**	**61%**	**75%**	**50%**	**54%**	**53%**	**100%**	**100%**	**100%**
Type of FRS performed									
---------- urinary only	9	9	18	3	7	10	11	2	13
---------- urinary & RVF	1	1	2	0	0	0	0	0	0
---------- RVF only	0	1	1	0	0	0	1	0	1
For 'Urinary only' or 'Urinary and RVF' repairs									
---------- first repair	4	4	8	3	5	8	10	2	12
---------- second repair	5	5	10	0	2	2	1	0	1
---------- >2	1	1	2	0	0	0	0	0	0
Percent women with first repair (urinary only)	**40%**	**40%**	**40%**	**100%**	**71%**	**80%**	**91%**	**100%**	**92%**
No. discharged after FRS (urinary only)	7	12	19	0	10	10	11	2	13
No. discharged after FRS (urinary & RVF)	0	0	0	0	0	0	0	0	0
No. discharged after FRS (RVF only)	0	0	0	0	0	0	1	0	1
Total no. discharged after FRS	**7**	**12**	**19**	**0**	**10**	**10**	**12**	**2**	**14**
No. not discharged after FRS	5	4	9	3	0	3	0	0	0
Outcome of FRS (urinary only & urinary/RVF)									
---------- No. with closed fistula who are dry	6	9	15	0	7	7	8	2	10
---------- No. with closed fistula & stress incontinence	0	1	1	0	1	1	0	0	0
---------- No. whose fistula was not closed	1	2	3	0	2	2	3	0	3
Percent with closed fistula who are dry (urinary only & urinary/RVF)	**86%**	**75%**	**79%**	**0%**	**70%**	**70%**	**73%**	**100%**	**77%**
Outcome of FRS (RVF only)									
----------closed and dry	0	0	0	0	0	0	0	0	0

	Ad-Din Dhaka			Ad-Din Jessore			Kumudini		
Fistula Treatment Indicators	**Oct-Dec**	**Jan-Mar**	**FY Total**	**Oct-Dec**	**Jan-Mar**	**FY Total**	**Oct-Dec**	**Jan-Mar**	**FY Total**
--------- incontinent with water stool and /or flatus (gas)	0	0	0	0	0	0	0	0	0
--------- incontinent with firm stool	0	0	0	0	0	0	1	0	1
Percent with closed and dry fistula (RVF only)	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**
Percent with closed and dry fistula (urinary, urinary/RVF, RVF)	**86%**	**75%**	**79%**	**0%**	**70%**	**70%**	**67%**	**100%**	**71%**
No. with complications after FRS	0	0	0	0	0	0	0	0	0
---------- Major surgical complications	0	0	0	0	0	0	0	0	0
---------- Anesthesia-related complication	0	0	0	0	0	0	0	0	0
---------- Post-operative complication related to perceived success of surgery	0	0	0	0	0	0	0	0	0
Percent with complications after FRS	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**

Table BGD1. Clinical Indicators by Site, October 2012 - June 2013, Bangladesh (Continued)

	LAMB			Country Total		
Fistula Treatment Indicators	**Oct-Dec**	**Jan-Mar**	**FY Total**	**Oct-Dec**	**Jan-Mar**	**FY Total**
No. seeking FRS	42	42	84	71	76	147
No. requiring FRS	39	33	72	67	66	133
No. receiving FRS	**26**	**9**	**35**	**51**	**29**	**80**
Percent receiving FRS	**67%**	**27%**	**49%**	**76%**	**44%**	**60%**
Type of FRS performed						
---------- urinary only	26	9	35	49	27	76
---------- urinary & RVF	0	0	0	1	1	2
---------- RVF only	0	0	0	1	1	2
For 'Urinary only' or 'Urinary and RVF' repairs						
---------- first repair	24	7	31	41	18	59
---------- second repair	2	2	4	8	9	17
---------- >2	0	0	0	1	1	2
Percent women with first repair (urinary only)	**92%**	**78%**	**89%**	**82%**	**64%**	**76%**
No. discharged after FRS (urinary only)	25	10	35	43	34	77
No. discharged after FRS (urinary & RVF)	0	0	0	0	0	0
No. discharged after FRS (RVF only)	0	0	0	1	0	1
Total no. discharged after FRS	**25**	**10**	**35**	**44**	**34**	**78**
No. not discharged after FRS	2	1	3	10	5	15
Outcome of FRS (urinary only & urinary/RVF)						
---------- No. with closed fistula who are dry	19	9	28	33	27	60
---------- No. with closed fistula & stress incontinence	6	1	7	6	3	9
---------- No. whose fistula was not closed	0	0	0	4	4	8
Percent with closed fistula who are dry (urinary only & urinary/RVF)	**76%**	**90%**	**80%**	**77%**	**79%**	**78%**
Outcome of FRS (RVF only)						
---------- closed and dry	0	0	0	0	0	0

	LAMB			Country Total		
Fistula Treatment Indicators	**Oct-Dec**	**Jan-Mar**	**FY Total**	**Oct-Dec**	**Jan-Mar**	**FY Total**
---------- incontinent with water stool and /or flatus (gas)	0	0	0	0	0	0
---------- incontinent with firm stool	0	0	0	1	0	1
Percent with closed and dry fistula (RVF only)	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**
Percent with closed and dry fistula (urinary, urinary/RVF, RVF)	**76%**	**90%**	**80%**	**75%**	**79%**	**77%**
No. with complications after FRS	0	0	0	0	0	0
---------- Major surgical complications	0	0	0	0	0	0
---------- Anesthesia-related complication	0	0	0	0	0	0
---------- Post-operative complication related to perceived success of surgery	0	0	0	0	0	0
Percent with complications after FRS	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**

Table BGD 2. Number of Persons Trained by Topic, October 2012 – March 2013, Bangladesh

Training Topic	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	FY Total
Ad-din Dhaka					
Infection prevention training	15	0			**15**
Obstetric fistula orientation	119	0			**119**
Facilitative supervision and DDM training	5	0			**5**
PPFP training	22	0			**22**
Fistula and FP orientation	10	0			**10**
EmOC	0	15			**15**
Ad-din Jessore					
Obstetric fistula orientation	0	39			**39**
Fistula orientation and family planning counseling	0	13			**13**
Infection prevention	0	15			**15**
Facilitative supervision, medical monitoring and DDM training	0	5			**5**
Kumudini					
Contraceptive technology update	0	110			**110**
Infection prevention training	10	0			**10**
Orientation on obstetric fistula	0	44			**44**
LAMB					
Primary health care training	0	10			**10**
Infection prevention	0	11			**11**
Partograph review	0	31			**31**
Fistula TOT	0	8			**8**
Orientation on obstetric fistula	0	60			**60**
DDM training	0	13			**13**
Total	**181**	**374**			**555**

Table BGD 3. Number of Community Outreach Events and Persons Reached, October 2012 - March 2013, Bangladesh

Event Type	Oct-Dec		Jan-Mar		Apr-Jun		Jul-Sep		FY Total	
	Events	Persons Reached	Events	Persons Reached	Events	Persons Reached	Events	Persons Reached	Events	Persons Reached
Community Leaders	8	208	17	586					**25**	**794**
Young Married Couples	1	20	5	188					**6**	**208**
Health Workers	1	25	20	918					**21**	**943**
Health Official/NGO advocacy	3	95	1	59					**4**	**154**
Total	**13**	**348**	**43**	**1,751**					**56**	**2,099**

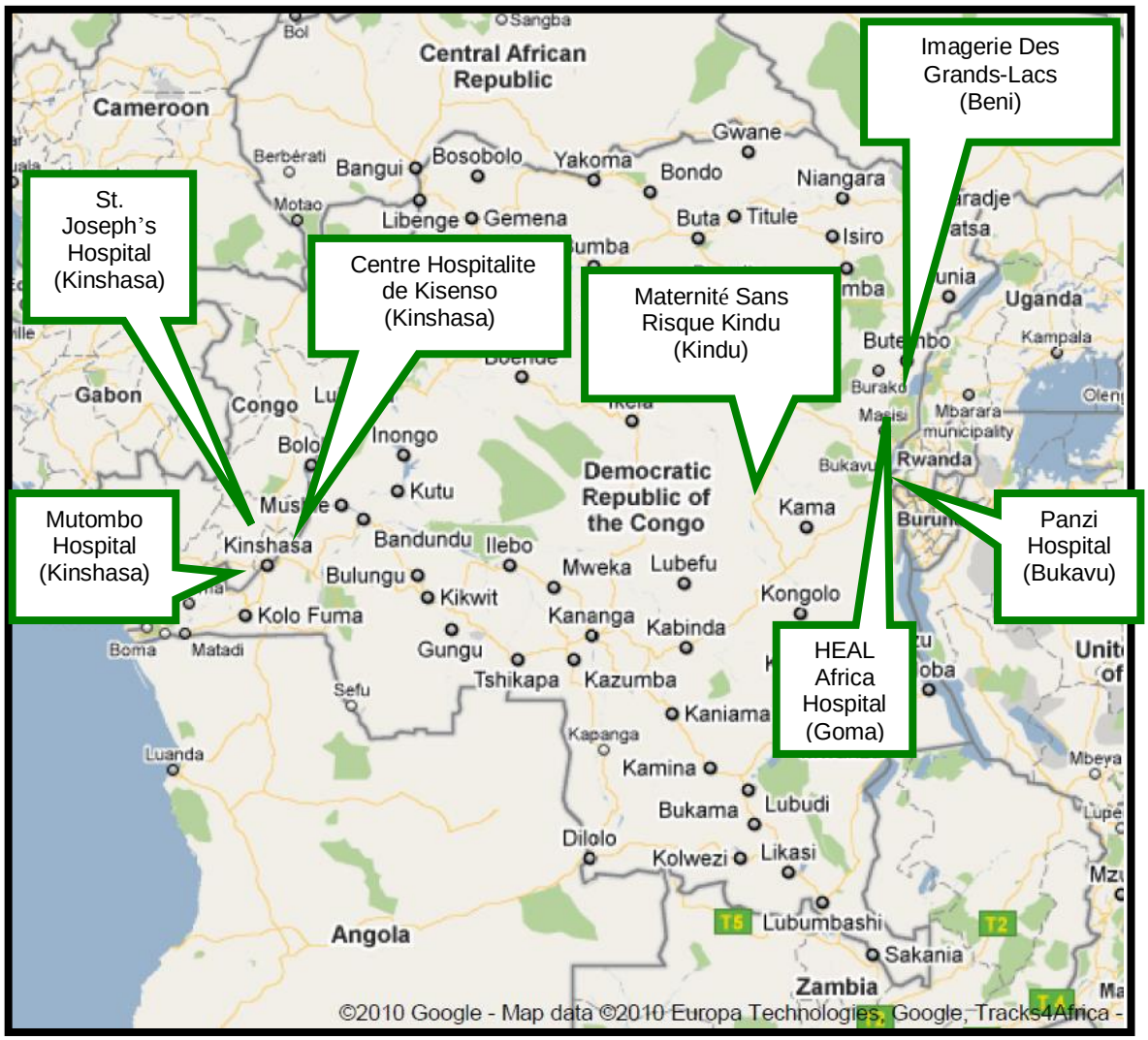
Table BGD 4. Number of FP Clients by Method and Number Counseled about FP, by site. October 2012 – March 2013, Bangladesh

	Ad-Din Dhaka	Ad-Din Jessore	Kumudini	LAMB	Country Total
Fistula FP Methods	**FY Total**	**FY Total**	**FY Total**	**FY Total**	**FY Total**
Oral Pill	1782	1231	232	402	**3,647**
IUCD	65	2	0	0	**67**
Condom (male)	1,110	226	164	110	**1,610**
Injectable	3,935	956	74	440	**5,405**
Implant	21	0	0	233	**254**
Tubal Ligation	160	28	55	130	**373**
Vasectomy	0	0	8	4	**12**
Total FP acceptors	**7,073**	**2,443**	**533**	**1,319**	**11,368**
Total Number of clients counseled about FP methods	7,400	2,635	592	4,800	**15,427**

Table BGD 5. Obstetric Services, by site. October 2012 – March 2013, Bangladesh

	Ad-Din Dhaka	Ad-Din Jessore	Kumudini	LAMB	Country Total
Obstetric Services	**FY Total**	**FY Total**	**FY Total**	**FY Total**	**FY Total**
Number of vaginal deliveries	1,675	626	779	1,519	**4,599**
Number of C sections	3,246	1,184	660	354	**5,444**
Total Number of deliveries	**4,921**	**1,810**	**1,439**	**1,873**	**10,043**
Percent deliveries by C section	66%	65%	46%	19%	**54%**

DEMOCRATIC REPUBLIC OF CONGO (DRC)



PROGRAM ACHIEVEMENT SNAPSHOT DEMOCRATIC REPUBLIC OF THE CONGO	
Reporting Period	FY 12-13: October 2012 – March 2013
Characteristic	**Description**
Start Date	July 2005 through USAID bilateral support; through EngenderHealth beginning in 2009.
Supported Sites	Seven private hospitals: four in eastern DRC and three in Kinshasa: • HEAL Africa Hospital • Imagerie des Grands Lacs (IGL) • Maternité Sans Risque Kindu (MSRK) • Mutombo Hospital • Panzi Hospital • St. Joseph's Hospital (SJH) • Centre Hospitalité de Kisenso ProSani, the USAID/DRC bilateral project, is currently supporting repairs at 8 sites: • Kaziba, South Kivu • Tshikaji, Kasai Occidental • Uvira, South Kivu • Malemba Kulu, Katanga • Kabongo, Katanga • Luiza, Kasai Occidental • Katako Kombe, Kasai Occidental • Lodja, Kasai Occidental
Background	Between July 2005 and September 2008, USAID-funded fistula activities were managed through a bilateral agreement with the International Rescue Committee (IRC). Support through Fistula Care began in February 2009. Between FY08 and FY10 USAID/DRC funded Project AXxes to provide outreach fistula services. The current bilateral (ProSani) is managed by MSH. The number of repairs supported by the USAID bilateral agreements is included in Table 4 in the Global Accomplishment section of this report. As discussed with the USAID mission, and based on earlier assessments, Fistula Care expanded support to four additional sites in FY10/11. A needs assessment was conducted at three hospitals in Kisangani (2) and Ubundu (1) during the fourth quarter of FY12. In FY13, support was initiated for capacity building in pre-, intra-, and post-operative care at Maternité Esengo de Kisenso, part of the BDOM network, (an FBO with numerous health facilities in the Kinshasa area) which also encompasses St. Joseph Hospital, for a total of seven sites currently receiving support.
Treatment strategies (Result 1)	During FY13: • 995 fistula repairs were supported, with an overall closed and dry rate of 90%. • Two surgeons received first training in fistula repair; 9 attended continuing training. •

PROGRAM ACHIEVEMENT SNAPSHOT DEMOCRATIC REPUBLIC OF THE CONGO	
Reporting Period	FY 12-13: October 2012 – March 2013
Prevention strategies (Result 2)	During FY13: • HEAL carried out supportive supervision visits in 7 health zones on the outskirts of Goma. • Trainings were conducted in partograph (53 individuals), integrating family planning into fistula services (10), and c-sections (18). • Fistula counseling training was carried out for 52 health care staff. • Community outreach efforts reached over 1,700 individuals.
Data utilization (Result 3)	St. Joseph's Hospital is one of eight participating hospitals in the RCT study on short term catheterization. Enrollment of women into the study began in the second quarter of FY12. The study is expected to be completed by July 2013. See Result 3 under the global section of this report for more information.
Policy work (Result 4)	The project launched a Community of Practice (CoP) for healthcare providers and project implementers working on fistula in the DRC in March 2011. The goal of the CoP's message board is to provide a space for the fistula community (surgeons, donors, NGOs, etc.,) to share information, experiences and lessons learned.

KEY INDICATORS SNAP SHOT DEMOCRATIC REPUBLIC OF THE CONGO						
Reporting Period	FY 12-13: October 2012 – March 2013					
Characteristic	**Description**					
Indicators		**Oct-Dec**	**Jan Mar**	**Apr Jun**	**Jul Sep**	**Total**
Result 1: *Strengthen the capacity of centers to provide quality services to repair and care for women with obstetric and traumatic gynecologic fistula.*	# Repairs	436	559			995
	% women who had surgery who have closed fistula at discharge	92%	89%			90%
	% women who had surgery who experienced complications	1%	1%			1%
	# Surgeons Trained	6	11			11[15]
	# other health trained	32	105			137
Result 2: *Enhance community and facility understanding and practices to prevent fistula, utilize and deliver services for emergency obstetric care and support women's reintegration.*	# community outreach events	3	9			12
	# persons reached in community outreach	295	1,497			1,792
	# births	2,443	2,943			,5377
	% of births c section	26%	24%			25%
Result 3: *Gather, analyze, utilize and report data to improve the quality and performance of fistula services.*	% sites reviewing reporting quarterly data	67%	57%			
Result 4: *Strengthen a supportive environment to institutionalize fistula prevention, repair and reintegration programs.*	# of facilities using FC products	9	8			10
Data Trends and Explanations	During this reporting period: • SJH reported increases in numbers of women requiring and receiving repairs due to outreach efforts in several provinces and increased community outreach efforts via radio. • HBMM had an increase in cases in the second quarter due to outreach repair efforts in Tshikaji (Kasai Occidental). • HEAL had a decrease in repairs in the first quarter, but an increase in the second quarter as funding issues were resolved and there was increased outreach to the Wamba area. There is a large backlog due to lack of funding to support the number of repairs needed. • MSRK has a backlog of clients due to lack of funding to support additional cases. • Panzi reported increases in cases in both quarters due to specific outreach efforts in Kabinda, Bunia, Moba-Kalémie and Kasaji. • IGL has seen a downward trend due to the current instability in North Kivu and the reluctance of clients to travel long distances on roads where there are uncontrolled armed groups. Low closed and dry rates are attributed to many women receiving multiple repair attempts and these being particularly difficult cases.					

[15] Surgeons trained are only counted once in the FY total, even if they received training over multiple quarters during the FY.

Table DRC 1. Clinical Indicators by Site, October 2012 – March 2013, DRC

	HEAL Africa			IGL			Kisenso		
Fistula Treatment Indicators	**Oct-Dec**	**Jan-Mar**	**FY Total**	**Oct-Dec**	**Jan-Mar**	**FY Total**	**Oct-Dec**	**Jan-Mar**	**FY Total**
No. seeking FRS	41	200	241	22	26	48	NS	6	6
No. requiring FRS	32	180	212	22	26	48	NS	5	5
No. receiving FRS	**32**	**112**	**144**	**22**	**23**	**45**	**NS**	**4**	**4**
Percent receiving FRS	**100%**	**62%**	**68%**	**100%**	**88%**	**94%**	**n/a%**	**80%**	**80%**
Type of FRS performed									
---------- urinary only	32	96	128	20	23	43	NS	4	4
---------- urinary & RVF	0	3	3	0	0	0	NS	0	0
---------- RVF only	0	13	13	2	0	2	NS	0	0
For 'Urinary only' or 'Urinary and RVF' repairs									
---------- first repair	18	90	108	19	18	37	NS	3	3
---------- second repair	6	3	9	1	4	5	NS	1	1
---------- >2	8	6	14	0	1	1	NS	0	0
Percent women with first repair (urinary only)	**56%**	**91%**	**82%**	**95%**	**78%**	**86%**	**n/a%**	**75%**	**75%**
No. discharged after FRS (urinary only)	32	93	125	20	23	43	NS	2	2
No. discharged after FRS (urinary & RVF)	0	2	2	0	0	0	NS	0	0
No. discharged after FRS (RVF only)	0	12	12	2	0	2	NS	0	0
Total no. discharged after FRS	**32**	**107**	**139**	**22**	**23**	**45**	**NS**	**2**	**2**
No. not discharged after FRS	0	5	5	0	0	0	NS	2	2
Outcome of FRS (urinary only & urinary/RVF)									
---------- No. with closed fistula who are dry	30	91	121	20	14	34	NS	2	2
---------- No. with closed fistula & stress incontinence	1	0	1	0	4	4	NS	0	0
---------- No. whose fistula was not closed	1	4	5	0	5	5	NS	0	0
% with closed fistula who are dry (urinary only & urinary/RVF)	**94%**	**96%**	**95%**	**100%**	**61%**	**79%**	**n/a%**	**100%**	**100%**
Outcome of FRS (RVF only)									

	HEAL Africa			IGL			Kisenso		
Fistula Treatment Indicators	**Oct-Dec**	**Jan-Mar**	**FY Total**	**Oct-Dec**	**Jan-Mar**	**FY Total**	**Oct-Dec**	**Jan-Mar**	**FY Total**
---------- closed and dry	0	12	12	2	0	2	NS	0	0
---------- incontinent with water stool and /or flatus (gas)	0	0	0	0	0	0	NS	0	0
---------- incontinent with firm stool	0	0	0	0	0	0	NS	0	0
Percent with closed and dry fistula (RVF only)	**0%**	**100%**	**100%**	**100%**	**0%**	**100%**	**n/a%**	**0%**	**0%**
Percent with closed and dry fistula (urinary, urinary/RVF, RVF)	**94%**	**96%**	**96%**	**100%**	**61%**	**80%**	**n/a%**	**100%**	**100%**
No. with complications after FRS	0	0	0	0	0	0	NS	0	0
---------- Major surgical complications	0	0	0	0	0	0	NS	0	0
---------- Anesthesia-related complication	0	0	0	0	0	0	NS	0	0
---------- Post-operative complication related to perceived success of surgery	0	0	0	0	0	0	NS	0	0
Percent with complications after FRS	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**n/a%**	**0%**	**0%**

Table DRC 1. Clinical Indicators by Site, October 2012 – March 2013, DRC (Continued)

	MSRK			Mutombo			Panzi		
Fistula Treatment Indicators	**Oct-Dec**	**Jan-Mar**	**FY Total**	**Oct-Dec**	**Jan-Mar**	**FY Total**	**Oct-Dec**	**Jan-Mar**	**FY Total**
No. seeking FRS	42	26	68	22	126	148	210	227	437
No. requiring FRS	42	26	68	18	82	100	193	226	419
No. receiving FRS	**34**	**8**	**42**	**18**	**82**	**100**	**189**	**226**	**415**
Percent receiving FRS	**81%**	**31%**	**62%**	**100%**	**100%**	**100%**	**98%**	**100%**	**99%**
Type of FRS performed									
---------- urinary only	34	8	42	17	79	96	167	194	361
---------- urinary & RVF	0	0	0	0	3	3	4	14	18
---------- RVF only	0	0	0	1	0	1	18	18	36
For 'Urinary only' or 'Urinary and RVF' repairs									
---------- first repair	34	8	42	15	76	91	128	126	254
---------- second repair	0	0	0	2	6	8	28	36	64
---------- >2	0	0	0	0	0	0	15	46	61
Percent women with first repair (urinary only)	**100%**	**100%**	**100%**	**88%**	**93%**	**92%**	**75%**	**61%**	**67%**
No. discharged after FRS (urinary only)	34	8	42	17	76	93	161	194	355
No. discharged after FRS (urinary & RVF)	0	0	0	0	6	6	3	14	17
No. discharged after FRS (RVF only)	0	0	0	1	0	1	18	18	36
Total no. discharged after FRS	**34**	**8**	**42**	**18**	**82**	**100**	**182**	**226**	**408**
No. not discharged after FRS	0	0	0	0	0	0	7	0	7
Outcome of FRS (urinary only & urinary/RVF)									
---------- No. with closed fistula who are dry	34	8	42	15	71	86	146	192	338
---------- No. with closed fistula & stress incontinence	0	0	0	1	0	1	8	10	18
---------- No. whose fistula was not closed	0	0	0	1	11	12	10	6	16
Percent with closed fistula who are dry (urinary only & urinary/RVF)	**100%**	**100%**	**100%**	**88%**	**87%**	**87%**	**89%**	**92%**	**91%**
Outcome of FRS (RVF only)									
---------- closed and dry	0	0	0	1	0	1	18	15	33

	MSRK			Mutombo			Panzi		
Fistula Treatment Indicators	**Oct-Dec**	**Jan-Mar**	**FY Total**	**Oct-Dec**	**Jan-Mar**	**FY Total**	**Oct-Dec**	**Jan-Mar**	**FY Total**
---------- incontinent with water stool and /or flatus (gas)	0	0	0	0	0	0	0	0	0
---------- incontinent with firm stool	0	0	0	0	0	0	0	3	3
Percent with closed and dry fistula (RVF only)	**0%**	**0%**	**0%**	**100%**	**0%**	**100%**	**100%**	**83%**	**92%**
Percent with closed and dry fistula (urinary, urinary/RVF, RVF)	**100%**	**100%**	**100%**	**89%**	**87%**	**87%**	**90%**	**92%**	**91%**
No. with complications after FRS	0	0	0	2	1	3	1	0	1
---------- Major surgical complications	0	0	0	2	1	3	1	0	1
---------- Anesthesia-related complication	0	0	0	0	0	0	0	0	0
---------- Post-operative complication related to perceived success of surgery	0	0	0	0	0	0	0	0	0
Percent with complications after FRS	**0%**	**0%**	**0%**	**11%**	**1%**	**3%**	**1%**	**0%**	**0%**

Table DRC 1. Clinical Indicators by Site, October 2012 – June 2013, DRC (Continued2)

	PS Katana			PS Kaziba			PS Uvira		
Fistula Treatment Indicators	**Oct-Dec**	**Jan-Mar**	**FY Total**	**Oct-Dec**	**Jan-Mar**	**FY Total**	**Oct-Dec**	**Jan-Mar**	**FY Total**
No. seeking FRS	n/a	0	0	n/a	203	203	174	0	174
No. requiring FRS	n/a	0	0	n/a	124	124	50	0	50
No. receiving FRS	**50**	**0**	**50**	**15**	**60**	**75**	**37**	**0**	**37**
Percent receiving FRS	**n/a%**	**0%**	**0%**	**n/a%**	**48%**	**60%**	**74%**	**0%**	**74%**
Type of FRS performed									
---------- urinary only	46	0	46	12	52	64	11	0	11
---------- urinary & RVF	0	0	0	0	0	0	0	0	0
---------- RVF only	4	0	4	3	8	11	26	0	26
For 'Urinary only' or 'Urinary and RVF' repairs									
---------- first repair	n/a	0	0	n/a	45	45	11	0	11
---------- second repair	n/a	0	0	n/a	5	5	0	0	0
---------- >2	n/a	0	0	n/a	2	2	0	0	0
Percent women with first repair (urinary only)	**n/a%**	**0%**	**0%**	**n/a%**	**87%**	**70%**	**100%**	**0%**	**100%**
No. discharged after FRS (urinary only)	31	0	31	9	52	61	11	0	11
No. discharged after FRS (urinary & RVF)	0	0	0	0	0	0	0	0	0
No. discharged after FRS (RVF only)	2	0	2	3	8	11	25	0	25
Total no. discharged after FRS	**33**	**0**	**33**	**12**	**60**	**72**	**36**	**0**	**36**
No. not discharged after FRS	17	0	17	3	0	3	1	0	1
Outcome of FRS (urinary only & urinary/RVF)									
---------- No. with closed fistula who are dry	31	0	31	7	47	54	11	0	11
---------- No. with closed fistula & stress incontinence	0	0	0	0	1	1	0	0	0
---------- No. whose fistula was not closed	0	0	0	2	4	6	0	0	0
Percent with closed fistula who are dry (urinary only & urinary/RVF)	**94%**	**0%**	**100%**	**78%**	**90%**	**89%**	**100%**	**0%**	**100%**
Outcome of FRS (RVF only)									
---------- closed and dry	2	0	2	3	8	11	24	0	24

	PS Katana			PS Kaziba			PS Uvira		
Fistula Treatment Indicators	**Oct-Dec**	**Jan-Mar**	**FY Total**	**Oct-Dec**	**Jan-Mar**	**FY Total**	**Oct-Dec**	**Jan-Mar**	**FY Total**
---------- incontinent with water stool and /or flatus (gas)	0	0	0	0	0	0	1	0	1
---------- incontinent with firm stool	0	0	0	0	0	0	0	0	0
Percent with closed and dry fistula (RVF only)	**100%**	**0%**	**100%**	**100%**	**100%**	**100%**	**96%**	**0%**	**96%**
Percent with closed and dry fistula (urinary, urinary/RVF, RVF)	**100%**	**0%**	**100%**	**83%**	**92%**	**90%**	**97%**	**0%**	**97%**
No. with complications after FRS	n/a	0	0	n/a	3	3	0	0	0
---------- Major surgical complications	n/a	0	0	n/a	1	1	0	0	0
---------- Anesthesia-related complication	n/a	0	0	n/a	2	2	0	0	0
---------- Post-operative complication related to perceived success of surgery	n/a	0	0	n/a	0	0	0	0	0
Percent with complications after FRS	**n/a%**	**0%**	**0%**	**n/a%**	**5%**	**4%**	**0%**	**0%**	**0%**

Table DRC 1. Clinical Indicators by Site, October 2012 – March 2013, DRC (Continued3)

	St. Joseph			Country Total		
Fistula Treatment Indicators	**Oct-Dec**	**Jan-Mar**	**FY Total**	**Oct-Dec**	**Jan-Mar**	**FY Total**
No. seeking FRS	74	58	132	585	872	1457
No. requiring FRS	50	50	100	407	719	1126
No. receiving FRS	**39**	**44**	**83**	**436**	**559**	**995**
Percent receiving FRS	**78%**	**88%**	**83%**	**107%**	**78%**	**88%**
Type of FRS performed						
---------- urinary only	36	43	79	375	499	874
---------- urinary & RVF	1	1	2	5	21	26
---------- RVF only	2	0	2	56	39	95
For 'Urinary only' or 'Urinary and RVF' repairs						
---------- first repair	20	33	53	245	399	644
---------- second repair	9	7	16	46	62	108
---------- >2	8	4	12	31	59	90
Percent women with first repair (urinary only)	**54%**	**75%**	**65%**	**64%**	**77%**	**72%**
No. discharged after FRS (urinary only)	36	44	80	351	492	843
No. discharged after FRS (urinary & RVF)	1	0	1	4	22	26
No. discharged after FRS (RVF only)	2	0	2	53	38	91
Total no. discharged after FRS	**39**	**44**	**83**	**408**	**552**	**960**
No. not discharged after FRS	6	6	12	34	13	47
Outcome of FRS (urinary only & urinary/RVF)						
---------- No. with closed fistula who are dry	28	34	62	322	459	781
---------- No. with closed fistula & stress incontinence	4	5	9	14	20	34
---------- No. whose fistula was not closed	5	5	10	19	35	54
Percent with closed fistula who are dry (urinary only & urinary/RVF)	**76%**	**77%**	**77%**	**91%**	**89%**	**90%**
Outcome of FRS (RVF only)						
---------- closed and dry	2	0	2	52	35	87

	St. Joseph			Country Total		
Fistula Treatment Indicators	**Oct-Dec**	**Jan-Mar**	**FY Total**	**Oct-Dec**	**Jan-Mar**	**FY Total**
---------- incontinent with water stool and /or flatus (gas)	0	0	0	1	0	1
---------- incontinent with firm stool	0	0	0	0	3	3
Percent with closed and dry fistula (RVF only)	**100%**	**0%**	**100%**	**98%**	**92%**	**96%**
Percent with closed and dry fistula (urinary, urinary/RVF, RVF)	**77%**	**77%**	**77%**	**92%**	**89%**	**90%**
No. with complications after FRS	0	1	1	3	5	8
---------- Major surgical complications	0	1	1	3	3	6
---------- Anesthesia-related complication	0	0	0	0	2	2
---------- Post-operative complication related to perceived success of surgery	0	0	0	0	0	0
Percent with complications after FRS	**0%**	**2%**	**1%**	**1%**	**1%**	**1%**

Table DRC 2. Number of Persons Trained by Topic, October 2012 – March 2013, DRC

Training Topic	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Total
Mutombo					
Continuing training in fistula repair	3	3			**3**[16]
First training in fistula repair (Tshikaji)	0	1			**1**
Fistula counseling	0	8			**8**
Integrating family planning into fistula services	0	10			**10**
Partograph	0	10			**10**
Panzi					
Continuing training in fistula repair	2	3			**3**[17]
First training in fistula repair	0	1			**1**
Fistula counseling	15	0			**15**
Partograph	13	0			**13**
Pre- and post-operative care	4	0			**4**
MSRK					
None	0	0			**0**
IGL					
Fistula counseling	0	14			**14**
HSJ					
Continuing training in fistula repair	0	2			**2**
HEAL					
Continuing training in fistula repair	1	1			**1**[18]
Indicators for and correct practice of c-sections	0	18			**18**
Partograph	0	30			**30**
Fistula counseling	0	15			**15**
TOTAL	**38**	**116**			**148**[19]

[16] The same three individuals received training in the first and second quarters and are only counted once in the FY total.
[17] The two individuals receiving continuing training in the first quarter also received continuing training in the second quarter and are only counted once in the FY total.
[18] The same individual received continuing training in the first and second quarters and is only counted once in the FY total.
[19] The total number trained for the FY is less than the sum of each quarter because we do not double count surgeons receiving training over multiple quarters.

Table DRC 3. Number of Community Outreach Events and Persons Reached, October 2012 - March 2013, DRC

Event Type	Oct-Dec		Jan-Mar		Apr-Jun		Jul-Sep		FY Total	
	Events	Persons Reached	Events	Persons Reached	Events	Persons Reached	Events	Persons Reached	Events	Persons Reached
Community fistula orientation (Panzi)	1	235	2	1,003					**3**	**1,238**
Outreach to community leaders (St. Joseph)	1	20	0	0					**1**	**20**
Outreach to health workers (St. Joseph)	1	40	2	38					**3**	**78**
Community outreach in Beni (IGL)	0	0	1	230					**1**	**230**
Advocacy meeting with government officials in Nganza (HBMM)	0	0	1	36					**1**	**36**
Outreach to universities (SJH)	0	0	3	190					**3**	**190**
Total	**3**	**295**	**9**	**1,497**					**12**	**1,792**

Table DRC 4. Number of FP Clients by Method and Number Counseled about FP, by site, October 2012 – March 2013, DRC

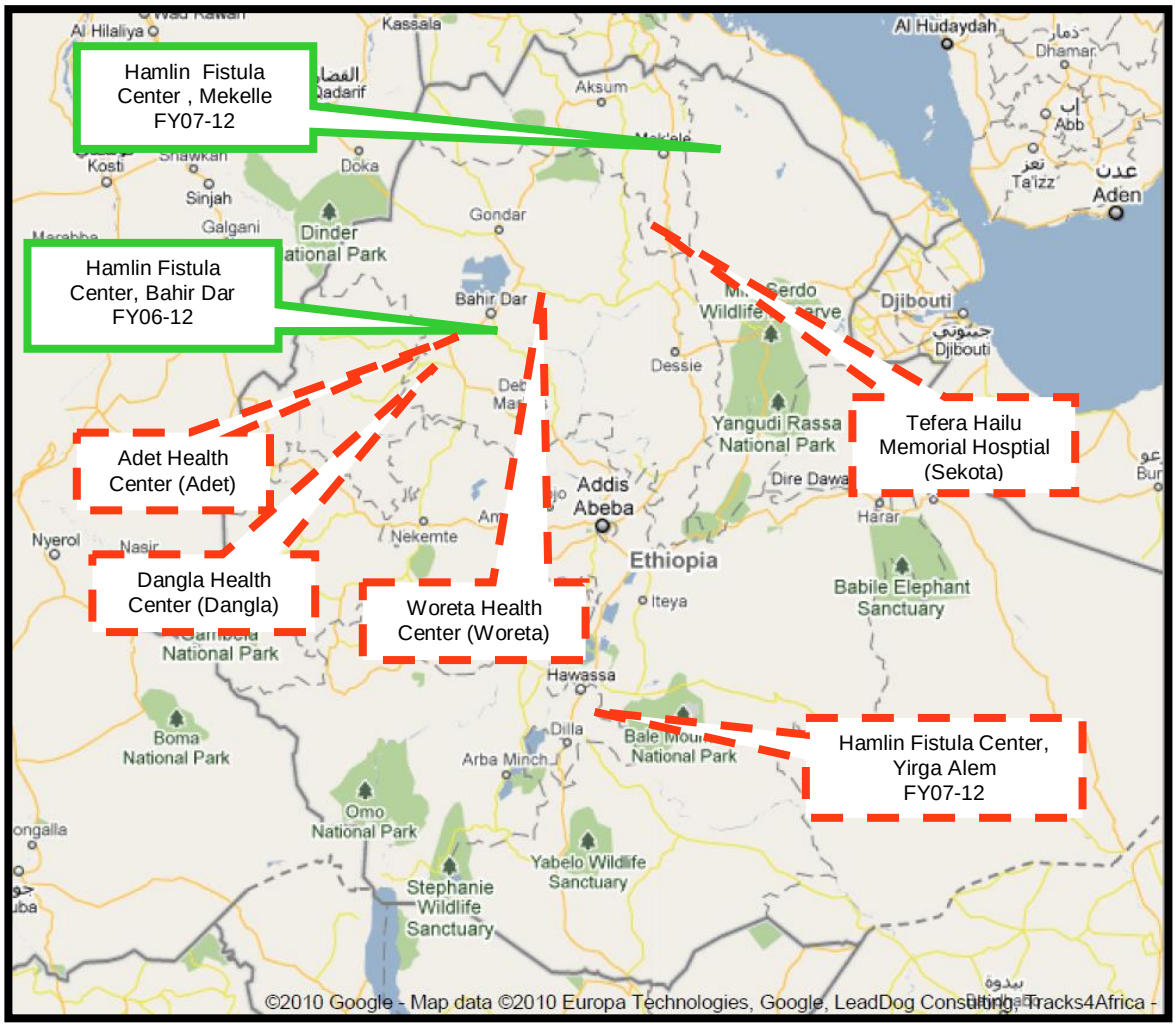
FP Methods	HEAL Africa	IGL	Kisenso	MSRK	Mutombo	Panzi	St. Joseph [20]	Country Total
Oral Pill	1,103	7	0	19	24	159	0	**1,312**
IUCD	6	2	0	4	11	21	0	**44**
Condom (male)	333	410	15	783	3	33	0	**1,577**
Condom (female)	3	61	0	24	0	0	0	**88**
Injectable	1,303	8	14	0	47	24	0	**1,396**
Implant	100	0	4	10	44	267	0	**425**
Tubal Ligation	26	0	0	3	0	77	6	**112**
Vasectomy	0	0	0	0	0	2	0	**2**
Foaming Tablets	0	0	0	0	0	0	0	**0**
Total FP acceptors	**2,874**	**488**	**33**	**843**	**129**	**583**	**6**	**4,956**
Total Number of clients counseled about FP methods	5,426	540	464	843	94[21]	876	172	**8,415**

[20] First quarter data was not available.
[21] The number counseled was not available for the first quarter.

Table DRC 5. Obstetric Services, by site. October 2012 – March 2013, DRC

	HEAL Africa	IGL	Kisenso	MSRK	Mutombo	Panzi	St. Joseph	Country Total
Obstetric Services	**FY Total**	**FY Total**	**FY Total**	**FY Total**	**FY Total**	**FY Total**	**FY Total**	**FY Total**
Number of vaginal deliveries	756	30	431	660	104	1,093	960	**4,034**
Number of C sections	101	30	33	68	37	460	614	**1,343**
Total Number of deliveries	**857**	**60**	**464**	**728**	**141**	**1,553**	**1,574**	**5,377**
Percent deliveries by C section	12%	50%	7%	9%	26%	30%	39%	**25%**

ETHIOPIA


Hamlin Fistula Center , Mekelle FY07-12
Hamlin Fistula Center, Bahir Dar FY06-12
Adet Health Center (Adet)
Dangla Health Center (Dangla)
Woreta Health Center (Woreta)
Tefera Hailu Memorial Hosptial (Sekota)
Hamlin Fistula Center, Yirga Alem FY07-12
Addis Abeba
Ethiopia
Bahir Dar
Gondar
Dessie
Djibouti
Aden
Al Hudaydah
Yangudi Rassa National Park
Babile Elephant Sanctuary
Dinder National Park
Boma National Park
Omo National Park
Stephanie Wildlife Sanctuary
Yabelo Wildlife Sanctuary
©2010 Google - Map data ©2010 Europa Technologies, Google, LeadDog Consulting, Tracks4Africa -

PROGRAM ACHIEVEMENT SNAPSHOT ETHIOPIA	
Reporting Period	FY 11-12: October 2012 – March 2013
Characteristic	**Description**
Start Date	2006, through the ACQUIRE Project
Supported Sites	Four pre-repair units (PRU) in Amhara Region are supported by Fistula Care: • Adet Health Center • Dangla Health Center • Tefera Hailu Memorial Hospital (Sekota) • Woreta Health Center Two sites for repairs and one site for outreach prevention were directly supported until September 2012 by USAID/Ethiopia through Hamlin Fistula Ethiopia: • Bahir Dar Fistula Center (Amhara Region) for repairs • Mekelle Fistula Center (Tigray Region) for repairs • Yirga Alem Center (SNNPR) for prevention
Background	USAID support to Ethiopia, through EngenderHealth, began in 2006, with funds provided through the ACQUIRE project to support activities implemented by ACQUIRE partner, IntraHealth International, to collaborate with the Addis Ababa Fistula Hospital (now named Hamlin Fistula Ethiopia) in selected facilities outside of Addis Ababa. In April 2007, the USAID Mission directed funds to IntraHealth International through the Expanding Service Delivery (ESD) Project and continued direct funding to the Addis Ababa Fistula Hospital. ESD funding ended in 2008. Since that time, Fistula Care has supported the pre-repair center work implemented by IntraHealth. Fistula Care supports and strengthens four referral/pre-repair units (PRU) in the Amhara region. Three are located within existing health centers and refer cases to the Bahir Dar Hamlin Hospital. One PRU is within a hospital and refers to Mekelle Hamlin Hospital. These centers also focus on fistula prevention activities in their surrounding communities. During FY13, four transition workshops were conducted by the Fistula Care team. Amhara Regional and Woreda health staff, government, and non-government partners participated in the workshops, which involved handing over the community outreach activities from IntraHealth to the management of the Woreda health offices and health facilities. A memorandum of understanding was signed with each of the Woreda health offices for the target woredas.
Treatment strategies (Result 1)	Community volunteers identify and refer fistula patients to the pre-repair units, where patients receive care prior to being referred to the Bahir Dar or Mekelle Hamlin Fistula Hospitals for surgery. The PRUs provide nutritional support, treatment of infections, pre-repair counseling, transport to the hospital for repair, and post-repair visits to ensure that women are well integrated back into their communities. During FY13: • Transition workshops have been held for all four PRU sites. • 126 women referred and 125 transported for surgery. In addition to

PROGRAM ACHIEVEMENT SNAPSHOT ETHIOPIA	
	referrals for surgery, 42 women were transported to get follow up care.
Prevention strategies (Result 2)	Women who have fistula surgery are counseled about family planning post-repair and referred as necessary to the attached health center for methods. During FY13: • 150 of the 163 (92%) women referred were counseled for HIV and 56 were tested; all results were negative and there were 2 additional patients who arrived already knowing their HIV-status (positive). • A total of 12,879 pregnant mothers were referred from the community to a health facility for ANC. • 97% of labors were monitored correctly with a partograph. • All training activity was completed in the first quarter and oversight for JSS visits are being transferred to local authorities.
Data utilization (Result 3)	The Fistula Care/WHO RCT on short term catheterization is being conducted at eight hospitals in sub Saharan Africa, including Gondar Hospital. This facility is supported by WAHA International and Fistula Care is supporting research implementation activities. For more information, see Result 3 under the global section of this report.
Policy work (Result 4)	N/A

KEY INDICATORS SNAPSHOT ETHIOPIA						
Reporting Period	FY 12-13: October 2012 – March 2013					
Characteristic	**Description**					
Indicators		**Oct-Dec**	**Jan Mar**	**Apr Jun**	**Jul Sep**	**Total**
Result 1: *Strengthen the capacity of centers to provide quality services to repair and care for women with obstetric and traumatic gynecologic fistula.*	# Repairs	N/A	N/A			N/A
	% women who had surgery who have closed fistula at discharge	N/A	N/A			N/A
	% women who had surgery who experienced complications	N/A	N/A			N/A
	# other health trained	717	0			717
Result 2: *Enhance community and facility understanding and practices to prevent fistula, utilize and deliver services for emergency obstetric care and support women's reintegration.*	# community outreach events	1,108	1,110			2,218
	# persons reached in community outreach	152,760	137,271			290,031
	% labors monitored with partograph	98%	96%			97%
	# births	819	1199			2,018
	% of births c section	0	0			0
Result 3: *Gather, analyze, utilize and report data to improve the quality and performance of fistula services.*	% sites reviewing reporting quarterly data	100%	100%			
Result 4: *Strengthen a supportive environment to institutionalize fistula prevention, repair and reintegration programs.*	# of facilities using FC products	4	4			
Data Trends and Explanations	N/A					

Table ETH1. Number of Women seeking, requiring and referred for fistula repair
October 2012- March 2013, by Pre-Repair Center, Ethiopia

	Adet					Dangla					Woreta					Sekota					Country Total				
Fistula Screening	**Oct-Dec**	**Jan-Mar**	**Apr-Jun**	**Jul-Sep**	**FY Total**	**Oct-Dec**	**Jan-Mar**	**Apr-Jun**	**Jul-Sep**	**FY Total**	**Oct-Dec**	**Jan-Mar**	**Apr-Jun**	**Jul-Sep**	**FY Total**	**Oct-Dec**	**Jan-Mar**	**Apr-Jun**	**Jul-Sep**	**FY Total**	**Oct-Dec**	**Jan-Mar**	**Apr-Jun**	**Jul-Sep**	**FY Total**
No. referred with incontinence	35	34			**69**	13	11			**24**	17	15			**32**	29	28			**57**	94	88			**182**
No. diagnosed with fistula	19	21			**40**	10	10			**20**	10	11			**21**	16	21			**37**	55	63			**118**
No. referred for 1st FRS	19	16			**35**	10	9			**19**	9	13			**22**	15	18			**33**	53	56			**109**
No. referred for continuing FRS care	0	4			**4**	3	3			**6**	0	5			**5**	1	1			**2**	4	13			**17**
Total No. Referred	**19**	**20**			**39**	**13**	**12**			**25**	**9**	**18**			**27**	**16**	**19**			**35**	**57**	**69**			**126**

Table ETH2. Number Persons Trained by Topic
October 2012 – March 2013, Ethiopia

Training Topic	Oct- Dec	Jan-Mar	Apr-Jun	Jul-Sep	FY Total
Pre Repair Centers Supported Training					
New training for health workers and management	683	0			683
Refresher training for health workers and management	0	0			0
New community volunteer training	0	0			0
Refresher community volunteer training	0	0			0
Training of trainers for health workers and management, nursing school instructors	34	0			34
Total Trained	**717**	**0**			**717**

Table ETH3. Number of Community Outreach Events and Persons Reached by Health Center Catchment Areas, October 2012 – March 2013, Ethiopia

Catchment Areas	Oct-Dec		Jan – Mar		Apr-Jun		Jul-Sep		FY Total	
	Events	Persons Reached	Events	Persons Reached	Events	Persons Reached	Events	Persons Reached	Events	Persons Reached
Pre Repair Center										
Adet	322	52,833	366	48,442					**688**	**101,275**
Dangla	388	62,635	426	56,349					**814**	**118,984**
Woreta	227	15,183	256	21,441					**483**	**36,624**
Sekota	171	22,109	62	11,039					**233**	**33,148**
Total	**1,108**	**152,760**	**1,110**	**137,271**					**2,218**	**290,031**

Table ETH4. Deliveries and Use of the Partograph,
Pre Repair Health Centers, October 2012 to March 2013, Ethiopia

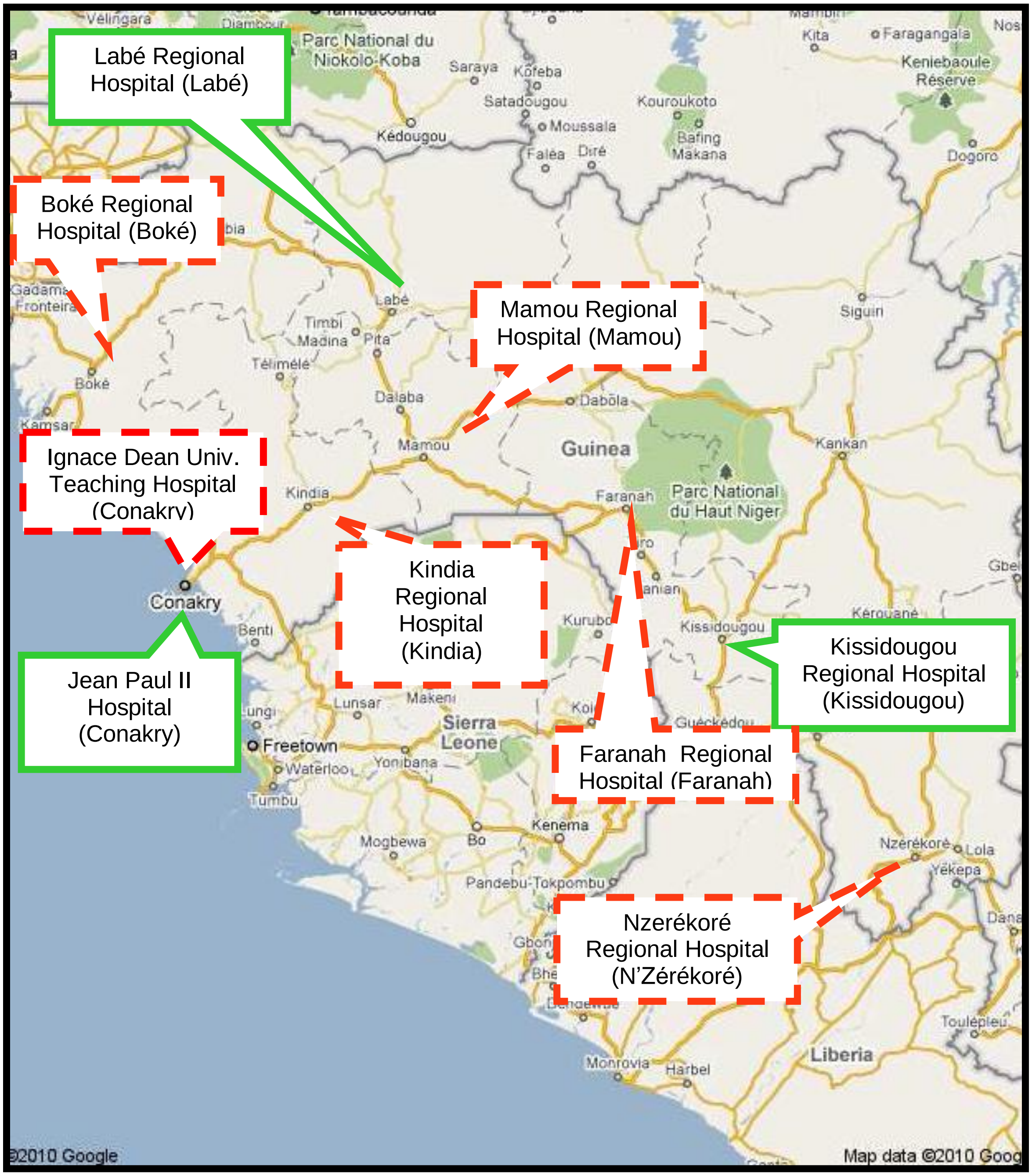
	Adet					Dangla					Woreta				
Fistula Screening	**Oct-Dec**	**Jan-Mar**	**Apr-Jun**	**Jul-Sep**	**FY Total**	**Oct-Dec**	**Jan-Mar**	**Apr-Jun**	**Jul-Sep**	**FY Total**	**Oct-Dec**	**Jan-Mar**	**Apr-Jun**	**Jul-Sep**	**FY Total**
# women delivered at health facility															
Health post	84	163			**247**	54	82			**301**	2	55			**57**
Upgraded health ctr	140	0			**140**	0	0			**140**	0	0			**0**
Health ctr	170	381			**551**	259	324			**810**	227	282			**509**
# women arriving at HC fully dilated (partograph not used)	73	135			**208**	99	128			**307**	58	36			**94**
# labors monitored with partograph	234	246			**480**	160	196			**640**	165	244			**409**
#/% of labors monitored with partograph which were done correctly[22]	234 100%	246 100%			**480** **100%**	160 100%	196 100%			**640** **100%**	159 96%	238 98%			**397** **97%**
# women with obstructed labor referred from HC to regional hospital	13	17			**30**	9	7			**39**	13	36			**49**

[22] Based on the number of women who delivered at health center and who arrived NOT fully dilated and for whom the partograph was used to monitor labor.

	Sekota					Country Total				
Fistula Screening	**Oct-Dec**	**Jan-Mar**	**Apr-Jun**	**Jul-Sep**	**FY Total**	**Oct-Dec**	**Jan-Mar**	**Apr-Jun**	**Jul-Sep**	**FY Total**
# women delivered at health facility										
Health post	5	7			**12**	145	307			**452**
Upgraded health ctr	0	0			**0**	140	0			**140**
Health ctr	163	212			**375**	819	1199			**2,018**
# women arriving at HC fully dilated (partograph not used)	12	18			**30**	242	317			**559**
# labors monitored with partograph	151	194			**345**	710	880			**1,590**
#/% of labors monitored with partograph which were done correctly[23]	143 95%	166 86%			**309** **90%**	696 98%	846 96%			**1,542** **97%**
# women with obstructed labor referred from HC to regional hospital	7	28			**35**	42	88			**130**

[23] Based on the number of women who delivered at health center and who arrived NOT fully dilated and for whom the partograph was used to monitor labor.

GUINEA



Labé Regional Hospital (Labé)
Boké Regional Hospital (Boké)
Mamou Regional Hospital (Mamou)
Ignace Dean Univ. Teaching Hospital (Conakry)
Kindia Regional Hospital (Kindia)
Jean Paul II Hospital (Conakry)
Kissidougou Regional Hospital (Kissidougou)
Faranah Regional Hospital (Faranah)
Nzérékoré Regional Hospital (N'Zérékoré)
Guinea
Sierra Leone
Liberia
Conakry
Freetown
Monrovia
©2010 Google
Map data ©2010 Goog

PROGRAM ACHIEVEMENT SNAPSHOT GUINEA	
Reporting Period	FY 12-13: October 2012 – March 2013
Characteristic	**Description**
Start Date	January 2006 through the ACQUIRE Project
Supported Sites	9 Public sector facilities for fistula repair and prevention: • Repair: Jean Paul II Maternity Hospital, Conakry; Kissidougou District Hospital; Labé Regional Hospital • Prevention: Ignace Deen University Teaching Hospital, Conakry; Boké Regional Hospital; Kindia Regional Hospital; Mamou Regional Hospital; Faranah Regional Hospital; N'Zérékoré Regional Hospital
Background	The program has been actively supported by the USAID/G democracy and good governance strategy. USAID supports 4 of the 5 fistula repair centers in the country (UNFPA supports one center at Kankan). A description of the program was published as a *Technical Brief* in 2010.
Treatment strategies (Result 1)	Fistula Care has a MOU with the Geneva Foundation for Medical Education and Research (GFMER) to support training of fistula surgeons. Surgeons from GFMER travel to Guinea four times a year to lead training sessions. Other training and repair sessions are led by national trainers. A total of 14 surgeons are continuing their training progressing from simple to more complex repairs. Routine repair services are also provided at three hospitals. During FY13: • In addition to routine service provision, three national repair sessions were conducted as well as six concentrated repair sessions at JPII (4) and Labe (2). • At the request of the Mayor of Kissidougou, USAID/Guinea funded the construction of an additional fistula ward at the maternity of the Hospital of Kissidougou to address the backlog of fistula clients at this Fistula Care site. The new building comprises 14 beds and a monitoring office. The new fistula ward was inaugurated in October 2012. • FC partnered with Mercy Ships to arrange for training of two surgeons in continuing fistula repair, as well as training five support staff in pre- and post-operative care.
Prevention strategies (Result 2)	Guinea has two major community-related activities: The Village Safe Motherhood Committee (VSMC) activities and the reintegration programs of Kissidougou and Labé. The village committees provide outreach that has resulted in increased attendance for antenatal care visits and community sensitization around issues related to fistula. The reintegration program works with host families to address the social isolation of women living with fistula, providing them with a home upon discharge while they reintegrate into their communities. During FY13: • Muslims and Christians leaders conducted awareness-raising sessions, and reached during the period 8,479 women and 35,897 men within 30 events organized either at the mosques or churches.
Data utilization (Result 3)	Guinea participated in two global research studies—prospective observational study on outcomes of repairs and the retrospective cesarean

PROGRAM ACHIEVEMENT SNAPSHOT GUINEA	
	record review. A national dissemination meeting to present the findings from the prospective study was held in February 2012. Findings from the cesarean record review study were presented to participating facilities and final reports were disseminated at the end of the fiscal year. An in depth evaluation of program's facility and community intervention activities was undertaken in FY11. Data analysis is complete and publication of findings will take place in FY13. A national dissemination meeting was held in March 2013 to disseminate findings from the community evaluation. Kissidougou Hospital is one of eight participating hospitals in the RCT study on short-term catheterization. Enrollment of women into the study began in the second quarter. See Result 3 in the global section of this report for an update about the study. The study is expected to be completed by July 2013. As a result of negotiations started two years ago between Fistula Care and the MOH, health indicators regularly collected by the Guinea MOH for the HMIS were revised in November 2012 to include the following indicators: Number of women with fistula registered during a specific quarter; Number of women repaired for urinary and or rectal fistula; Number of women repaired who are closed and dry; and number of women who are using a modern FP method.
Policy Work (Result 4)	FC Guinea has supported Democratic Local Governance interventions in Kissidougou and Labé, resulting in increased mobilization of financial resources, increased transparency and community participation in decision making and increased resource allocation towards health services.

KEY INDICATORS SNAPSHOT GUINEA						
Reporting Year	FY 12-13: October 2012 – March 2013					
Characteristic	**Description**					
Indicators		**Oct-Dec**	**Jan Mar**	**Apr Jun**	**Jul Sep**	**Total**
Result 1: *Strengthen the capacity of centers to provide quality services to repair and care for women with obstetric and traumatic gynecologic fistula.*	# Repairs	117	111			228
	% women who had surgery who have closed fistula at discharge	79%	77%			77%
	% women who had surgery who experienced complications	0%	0%			0%
	# Surgeons Trained	0	2			2
	# other health trained	0	5			5
Result 2: *Enhance community and facility understanding and practices to prevent fistula, utilize and deliver services for emergency obstetric care and support women's reintegration.*	# community outreach events	1,505	N/A			1,505
	# persons reached in community outreach	57,585	N/A			57,585
	# births	4,575	3,608			8,183
	% of births c section	26%	25%			26%
Result 3: *Gather, analyze, utilize and report data to improve the quality and performance of fistula services.*	% sites reviewing reporting quarterly data	66%	66%			
Result 4: *Strengthen a supportive environment to institutionalize fistula prevention, repair and reintegration programs.*	# of facilities using FC products	9	9			9
Data Trends and Explanations	• There is a backlog at all sites as a result of the intensive outreach efforts carried out as part of the RCT studies. Women with complex fistula often need to wait for a national repair session effort or referral to another site in order to be repaired by a surgeon with advanced skills. All waiting women are being scheduled for repairs in the future. • Labe and JPII have a slightly high rates of women not closed at discharge due to the complexity of the fistula they are repairing. • Community outreach data, some FP data and some obstetric data was unavailable at time of reporting. Data will be collected in the April-June quarter and reported in the annual report.					

Table GUI1. Fistula Repair Clinical Indicators, by Site and Quarter, October 2012 thru March 2013, Guinea

	Jean Paul II			Kissidougou		
Fistula Treatment Indicators	**Oct-Dec**	**Jan-Mar**	**FY Total**	**Oct-Dec**	**Jan-Mar**	**FY Total**
No. seeking FRS	69	60	129	98	138	236
No. requiring FRS	54	55	109	83	123	206
No. receiving FRS	**35**	**38**	**73**	**50**	**46**	**96**
Percent receiving FRS	**65%**	**69%**	**67%**	**60%**	**37%**	**47%**
Type of FRS performed						
-------urinary only	34	37	71	50	46	96
-------urinary & RVF	0	0	0	0	0	0
--------RVF only	1	1	2	0	0	0
For 'Urinary only' or 'Urinary and RVF' repairs						
--------first repair	23	18	41	36	33	69
--------second repair	8	12	20	6	10	16
---------->2	3	7	10	8	3	11
Percent women with first repair (urinary only)	**68%**	**49%**	**58%**	**72%**	**72%**	**72%**
No. discharged after FRS (urinary only)	39	39	78	18	67	85
No. discharged after FRS (urinary & RVF)	0	0	0	0	0	0
No. discharged after FRS (RVF only)	1	1	2	0	0	0
Total discharged after FRS	**40**	**40**	**80**	**18**	**67**	**85**
No. not discharged after FRS	9	7	16	32	11	43
Outcome of FRS (urinary only & urinary/RVF)						
------No. with closed fistula who are dry	29	30	59	16	58	74
------No. with closed fistula & stress incontinence	0	0	0	2	1	3
------No. whose fistula was not closed	10	9	19	0	8	8
% with closed fistula who are dry (urinary only & urinary/RVF)	**74%**	**77%**	**76%**	**89%**	**87%**	**87%**
Outcome of FRS (RVF only)						
------closed and dry	0	1	1	0	0	0
------incontinent with water stool and /or flatus (gas)	0	0	0	0	0	0
-------incontinent with firm stool	1	0	1	0	0	0
Percent with closed and dry	**0%**	**100%**	**50%**	**0%**	**0%**	**0%**

fistula (RVF only)						
Percent with closed and dry fistula (urinary, urinary/RVF, RVF)	**73%**	**78%**	**75%**	**89%**	**87%**	**87%**
No. with complications after FRS	0	0	0	0	0	0
----Major surgical complications	0	0	0	0	0	0
----Anesthesia-related complication	0	0	0	0	0	0
-----Post-operative complication related to perceived success of surgery	0	0	0	0	0	0
Percent with complications after FRS	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**

Table GUI1. Fistula Repair Clinical Indicators, by Site and Quarter, October 2012 thru March 2013, Guinea (Continued)

	Labe			Country Total		
Fistula Treatment Indicators	**Oct-Dec**	**Jan-Mar**	**FY Total**	**Oct-Dec**	**Jan-Mar**	**FY Total**
No. seeking FRS	41	70	111	208	268	476
No. requiring FRS	33	62	95	170	240	410
No. receiving FRS	**32**	**27**	**59**	**117**	**111**	**228**
Percent receiving FRS	**97%**	**44%**	**62%**	**69%**	**46%**	**56%**
Type of FRS performed						
---------- urinary only	31	24	55	115	107	222
---------- urinary & RVF	1	3	4	1	3	4
---------- RVF only	0	0	0	1	1	2
For 'Urinary only' or 'Urinary and RVF' repairs						
---------- first repair	9	18	27	68	69	137
---------- second repair	6	3	9	20	25	45
---------- >2	17	6	23	28	16	44
Percent women with first repair (urinary only)	**28%**	**67%**	**46%**	**59%**	**63%**	**61%**
No. discharged after FRS (urinary only)	26	31	57	83	137	220
No. discharged after FRS (urinary & RVF)	0	3	3	0	3	3
No. discharged after FRS (RVF only)	0	0	0	1	1	2
Total no. discharged after FRS	**26**	**34**	**60**	**84**	**141**	**225**
No. not discharged after FRS	18	11	29	59	29	88
Outcome of FRS (urinary only & urinary/RVF)						
---- No. with closed fistula who are dry	21	19	40	66	107	173
---- No. with closed fistula & stress incontinence	2	8	10	4	9	13
---- No. whose fistula was not closed	3	7	10	13	24	37
Percent with closed fistula who are dry (urinary only & urinary/RVF)	**81%**	**56%**	**67%**	**80%**	**76%**	**78%**
Outcome of FRS (RVF only)						
---- closed and dry	0	0	0	0	1	1
----- incontinent with water stool and /or flatus (gas)	0	0	0	0	0	0
----- incontinent with firm stool	0	0	0	1	0	1
Percent with closed and dry fistula (RVF only)	**0%**	**0%**	**0%**	**0%**	**100%**	**50%**
Percent with closed and dry fistula (urinary, urinary/RVF, RVF)	**81%**	**56%**	**67%**	**79%**	**77%**	**77%**
No. with complications after FRS	0	0	0	0	0	0

	Labe			Country Total		
Fistula Treatment Indicators	**Oct-Dec**	**Jan-Mar**	**FY Total**	**Oct-Dec**	**Jan-Mar**	**FY Total**
---------- Major surgical complications	0	0	0	0	0	0
---------- Anesthesia-related complication	0	0	0	0	0	0
---------- Post-operative complication related to perceived success of surgery	0	0	0	0	0	0
Percent with complications after FRS	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**

Table GUI 2. Number of Persons Trained by Topic, October 2012 – March 2013, Guinea

Training Topic	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	FY Total
Jean Paul II					
Pre- and post-repair fistula care (via Africa Mercy)	0	1			1
Kissidougou					
Continuing training for fistula repair (via Africa Mercy)	0	1			1
Pre- and post-repair fistula care (via Africa Mercy)	0	1			1
Ignace Deen					
Continuing training for fistula repair (via Africa Mercy)	0	1			1
Pre- and post-repair fistula care (via Africa Mercy)	0	1			1
Labé					
Pre- and post-repair fistula care (via Africa Mercy)	0	2			2
Total	**0**	**7**			**7**

Table GUI 3. Safe Motherhood Committee Activities, Boke, Kissidougou and Labé Regions by Quarter, October 2012 thru March 2013, Guinea

Safe Motherhood Committee Activities	Oct-Dec	Jan - Mar[24]	Apr-Jun	Jul-Sep	FY Total
#women reached at sensitization meetings	7514	N/A			7514
# men reached at sensitization meetings	5695	N/A			5695
# women attending prenatal					
1st visit	20	N/A			20
2nd visit	34	N/A			34
3rd visit	84	N/A			84
4th visit	157	N/A			157
# fistula clients referred	0	N/A			0
# births	303	N/A			303
# maternal deaths	2	N/A			2
# neonatal deaths	3	N/A			3
# pregnancy issues	12	N/A			12

[24] Village Committee data was not available in time for the Jan-Mar quarterly reporting period, and will be collected the following quarter.

Table GUI4. Number of Community Outreach Events and Persons Reached, October 2012 - March 2013, Guinea

Event Type	Oct-Dec		Jan-Mar[25]		Apr-Jun		Jul-Sep		FY Total	
	Events	Persons Reached	Events	Persons Reached	Events	Persons Reached	Events	Persons Reached	Events	Persons Reached
Kissidougou village committee outreach	844	5,367	N/A	N/A					844	5,367
Labé village committee outreach	611	7,459	N/A	N/A					611	7,459
Boke village committee outreach	20	383	N/A	N/A					20	383
Religious leaders activities in churches and mosques	30	44,376	N/A	N/A					30	44,376
Total	**1,505**	**57,585**	N/A	N/A					**1,505**	**57,585**

[25]Data was not available in time for the Jan-Mar quarterly reporting period, and will be collected the following quarter.

Table GUI 5. Number of FP Clients by Method and Number Counseled About FP, by Site and Quarter. October 2012 – March 2013, Guinea.

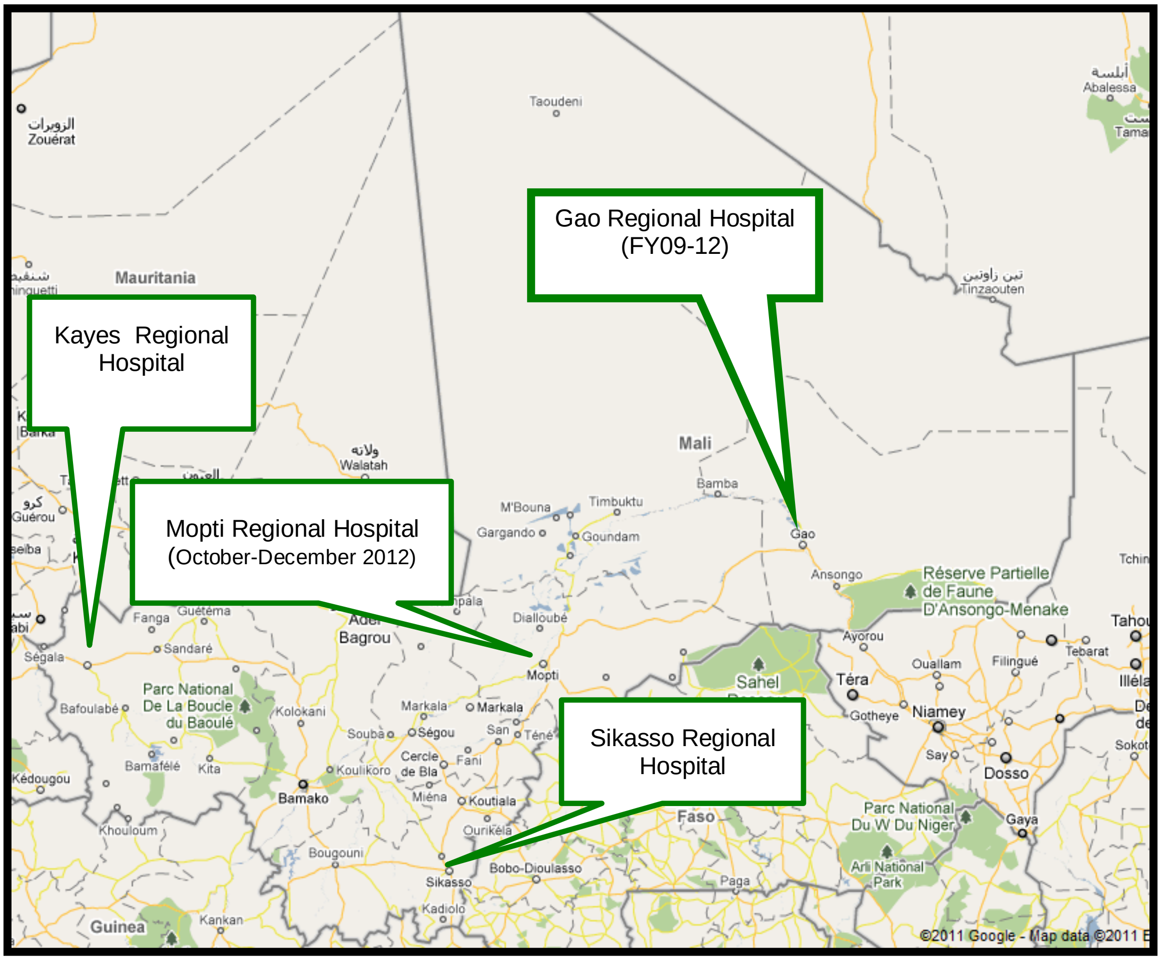
	FY TOTAL									
FP Methods	**Boke[26]**	**Faranah[27]**	**Ignace Deen**	**Jean Paul II**	**Kindia**	**Kissidougou**	**Labé**	**Mamou**	**N'Zerékoré[28]**	**Country Total**
Oral Pill	36	5	25	26	22	103	72	28	1	**318**
IUCD	6	17	46	24	15	24	17	20	40	**209**
Condom (male)	14	0	0	1	0	180	0	0	0	**195**
Condom (female)	0	0	1	0	0	0	0	0	0	**1**
Injectable	22	68	38	35	90	130	49	24	2	**458**
Implant	0	6	0	0	56	18	2	0	7	**89**
Tubal Ligation	0	1	0	0	7	13	4	1	0	**26**
Vasectomy	0	0	0	0	0	0	0	0	0	**0**
Foaming Tablets	0	0	0	0	0	0	0	0	0	**0**
Total FP acceptors	**78**	**97**	**110**	**86**	**190**	**468**	**144**	**73**	**50**	**1296**
Total Number of clients counseled about FP methods	78	97	172	105	211	503	362	511	50	**2089**

Table GUI 6. Obstetric Services, by site. October 2012 – March 2013, Guinea.

	FY TOTAL									
Obstetric Services	**Boke**	**Faranah[29]**	**Ignace Deen**	**Jean Paul II**	**Kindia**	**Kissidougou**	**Labé**	**Mamou**	**N'Zerékoré[30]**	**Country Total**
Number of vaginal deliveries	930	249	1387	370	965	424	582	787	385	**6079**
Number of C sections	127	42	618	60	312	287	223	296	139	**2104**
Total Number of deliveries	**1057**	**291**	**2005**	**430**	**1277**	**711**	**805**	**1083**	**524**	**8183**
Percent deliveries by C section	12%	14%	31%	14%	24%	40%	28%	27%	27%	**26%**

[26] Boké data is available only for second quarter.
[27] Faranah data is available only for first quarter.
[28] N'Zérékoré data is available only for first quarter.
[29] Faranah data is available only for first quarter.
[30] N'Zérékoré data is available only for first quarter.

MALI


Gao Regional Hospital
(FY09-12)
Kayes Regional
Hospital
Mopti Regional Hospital
(October-December 2012)
Sikasso Regional
Hospital
©2011 Google - Map data ©2011

PROGRAM ACHIEVEMENT SNAPSHOT MALI	
Reporting Period	FY 12-13: October 2012 – March 2013
Characteristic	**Description**
Start Date	October 2008
Supported Sites	Before April, 2012: Treatment: Gao Hospital (A regional tertiary referral hospital) Prevention only: Four district-level referral hospitals located in Ansongo, Bourem, Gao and Ménaka FY13: Treatment: Kayes and Sikasso Hospitals (Regional hospitals) Temporary support to Mopti Hospital to serve women displaced from Gao Hospital (Support provided Oct-Dec 2012).
Background	The Mali program is implemented by Fistula Care partner IntraHealth, with technical support and project oversight led by EngenderHealth. In March 2012 there was a coup d'état in Bamako, followed by an attack and takeover of Gao by rebel forces. Health facilities in the northern region have been looted and destroyed, including Gao Hospital and the district-level referral hospitals. Providers in the area have fled south or to neighboring countries. USAID suspended support to the project from April 6 through July 20, 2012 due to the political instability. A revised workplan was drafted and submitted to the USAID mission in May 2012 and was incorporated into the IntraHealth subaward in July 2012. Given the destruction of Gao Hospital and the insecurity of working in the north, Fistula Care proposed to work in the regional hospitals of Kayes, Mopti and Sikasso. In early 2013, the Malian military took over Mopti hospital to tend to its wounded, no other services are currently being offered there. Fistula services are being re programed for support at Kayes Regional Hospital.
Treatment strategies (Result 1)	Although Gao Hospital was the principal site supported by Fistula Care, training in various clinical and quality of care topics have included staff from other tertiary referral facilities providing fistula treatment services in Mali--Mopti, Segou and Point G National Teaching Hospital in Bamako. During FY13: • A concentrated repair effort was organized in Mopti during the first quarter specifically for clients from the Gao region that had been waiting to receive repairs or postoperative care when Gao was overrun by revels in April 2012. Despite significant insecurity in Gao due to its occupation by armed rebels, GREFFA was able to find almost all of the women that had been lost to follow up during the pillaging of the Gao Hospital, as well as some new women in need of care, and ensure their transport to the treatment site in Mopti. • Repairs began in Sikasso in the first quarter, and at Kayes in the second quarter. Mopti was supported only for the first quarter.

PROGRAM ACHIEVEMENT SNAPSHOT MALI	
	• A total of 14 surgeons from Mopti, Kayes and Sikasso received training in fistula repair: 5 from Mopti for surgeons who had previously received training supported by other funding sources; 4 from Sikasso and 5 from Kayes. • Supportive supervision was carried out at Sikasso and Kayes in the second quarter.
Prevention strategies (Result 2)	During FY13: • In the first quarter, local NGO GREFFA broadcast 840 fistula messages on seven different local radio channels functioning in the Gao region. The messages were revised given the current Islamic extremist influence in the region and focused only on available services • Local NGO IAMANEH broadcast over 150 radio programs and carried out community discussions in the second quarter in both Kayes and Sikasso reaching over 2,000 people.
Data utilization (Result 3)	Gao Hospital participated in the retrospective record review of cesarean indications study, which was completed in FY10 and the report was finalized in FY11. The final report was shared with Gao Hospital and the National Fistula Technical Committee for dissemination.
Policy work (Result 4)	N/A

KEY INDICATOR SNAPSHOT MALI						
Reporting Period	FY 12-13: October 2012 – March 2013					
Characteristic	**Description**					
Indicators		**Oct-Dec**	**Jan Mar**	**Apr Jun**	**Jul Sep**	**Total**
Result 1: *Strengthen the capacity of centers to provide quality services to repair and care for women with obstetric and traumatic gynecologic fistula.*	# Repairs	55	70			125
	% women who had surgery who have closed fistula at discharge	0%[31]	65%			65%
	% women who had surgery who experienced complications	0%	9%			5%
	# Surgeons Trained	9	9			14[32]
	# other health trained	124	0			124
Result 2: *Enhance community and facility understanding and practices to prevent fistula, utilize and deliver services for emergency obstetric care and support women's reintegration.*	# community outreach events	1	10			N/A
	# persons reached in community outreach	6	2,150			2,156
	# births	606	1,004			1,610
	% of births c section	44%	28%			34%
Result 3: *Gather, analyze, utilize and report data to improve the quality and performance of fistula services.*	% sites reviewing reporting quarterly data	0%	0%			
Result 4: *Strengthen a supportive environment to institutionalize fistula prevention, repair and reintegration programs.*	# of facilities using FC products	3	2			3
Data Trends and Explanations	More clients then anticipated presented needing repairs in Sikasso, resulting in a back log due to inadequate fund allocation and a shortage of lodging. All remaining women have been scheduled to return for future repair efforts.					

[31] No women were discharged during the first quarter.
[32] Four surgeons received training in both the first and second quarters and are only counted once in the FY total.

Table MAL 1. Fistula Repair Clinical Indicators by Site and Quarter, October 2012 - March 2013, Mali

	Kayes			Mopti		
Fistula Treatment Indicators	**Oct-Dec**	**Jan-Mar**	**FY Total**	**Oct-Dec**	**Jan-Mar**	**FY Total**
No. seeking FRS	NS	52	52	25	0	25
No. requiring FRS	NS	38	38	21	0	21
No. receiving FRS	**NS**	**35**	**35**	**20**	**0**	**20**
Percent receiving FRS	**n/a%**	**92%**	**92%**	**95%**	**0%**	**95%**
Type of FRS performed						
---------- urinary only	NS	33	33	20	0	20
---------- urinary & RVF	NS	2	2	0	0	0
---------- RVF only	NS	0	0	0	0	0
For 'Urinary only' or 'Urinary and RVF' repairs						
---------- first repair	NS	11	11	15	0	15
---------- second repair	NS	5	5	0	0	0
---------- >2	NS	19	19	5	0	5
% women with first repair (urinary only)	**n/a%**	**31%**	**31%**	**75%**	**0%**	**75%**
No. discharged after FRS (urinary only)	NS	33	33	0	20	20
No. discharged after FRS (urinary & RVF)	NS	2	2	0	0	0
No. discharged after FRS (RVF only)	NS	0	0	0	0	0
Total no. discharged after FRS	**NS**	**35**	**35**	**0**	**20**	**20**
No. not discharged after FRS	NS	0	0	20	0	20
Outcome of FRS (urinary only & urinary/RVF)						
-----No. with closed fistula who are dry	NS	22	22	0	17	17
-----No. with closed fistula & stress incontinence	NS	12	12	0	2	2
-----No. whose fistula was not closed	NS	1	1	0	1	1
Percent with closed fistula who are dry (urinary only & urinary/RVF)	**n/a%**	**63%**	**63%**	**0%**	**85%**	**85%**
Outcome of FRS (RVF only)						
-----closed and dry	NS	0	0	0	0	0
-----incontinent w/water stool & /or flatus (gas)	NS	0	0	0	0	0
------incontinent with firm stool	NS	0	0	0	0	0
% with closed and dry fistula (RVF only)	**n/a%**	**0%**	**0%**	**0%**	**0%**	**0%**
% with closed and dry fistula (urinary, urinary/RVF, RVF)	**n/a%**	**63%**	**63%**	**0%**	**85%**	**85%**
No. with complications after FRS	NS	0	0	0	0	0
-----Major surgical complications	NS	0	0	0	0	0
-----Anesthesia-related complication	NS	0	0	0	0	0
------Post-operative complication related to perceived success of surgery	NS	0	0	0	0	0
% with complications after FRS	**n/a%**	**0%**	**0%**	**0%**	**0%**	**0%**

Table MAL 1. Fistula Repair Clinical Indicators by Site and Quarter, October 2012 - March 2013, Mali (Continued)

	Sikasso			Country Total		
Fistula Treatment Indicators	**Oct-Dec**	**Jan-Mar**	**FY Total**	**Oct-Dec**	**Jan-Mar**	**FY Total**
No. seeking FRS	69	58	127	94	110	204
No. requiring FRS	46	45	91	67	83	150
No. receiving FRS	**35**	**35**	**70**	**55**	**70**	**125**
Percent receiving FRS	**76%**	**78%**	**77%**	**82%**	**84%**	**83%**
Type of FRS performed						
---------- urinary only	32	33	65	52	66	118
---------- urinary & RVF	3	2	5	3	4	7
---------- RVF only	0	0	0	0	0	0
For 'Urinary only' or 'Urinary and RVF' repairs						
---------- first repair	15	25	40	30	36	66
---------- second repair	8	7	15	8	12	20
---------- >2	12	3	15	17	22	39
% women with first repair (urinary only)	**43%**	**71%**	**57%**	**55%**	**51%**	**53%**
No. discharged after FRS (urinary only)	0	65	65	0	118	118
No. discharged after FRS (urinary & RVF)	0	5	5	0	7	7
No. discharged after FRS (RVF only)	0	0	0	0	0	0
Total no. discharged after FRS	**0**	**70**	**70**	**0**	**125**	**125**
No. not discharged after FRS	35	0	35	55	0	55
Outcome of FRS (urinary only & urinary/RVF)						
----No. with closed fistula who are dry	0	42	42	0	81	81
----No. with closed fistula & stress incontinence	0	24	24	0	38	38
----No. whose fistula was not closed	0	4	4	0	6	6
Percent with closed fistula who are dry (urinary only & urinary/RVF)	**0%**	**60%**	**60%**	**0%**	**65%**	**65%**
Outcome of FRS (RVF only)						
-----closed and dry	0	0	0	0	0	0
------incontinent with water stool and /or flatus (gas)	0	0	0	0	0	0
-------incontinent with firm stool	0	0	0	0	0	0
Percent with closed and dry fistula (RVF only)	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**
Percent with closed and dry fistula (urinary, urinary/RVF, RVF)	**0%**	**60%**	**60%**	**0%**	**65%**	**65%**
No. with complications after FRS	0	6	6	0	6	6
-----Major surgical complications	0	2	2	0	2	2
-----Anesthesia-related complication	0	0	0	0	0	0
-----Post-operative complication related to perceived success of surgery	0	4	4	0	4	4
% with complications after FRS	**0%**	**9%**	**9%**	**0%**	**5%**	**5%**

Table MAL 2. Number of Persons Trained by Topic, October 2012 – March 2013, Mali

Training Topic	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	FY Total
Continuing training for fistula surgeons	5[33]	4[34]			9
First training for fistula surgeons[35]	4	5			9
Infection prevention	69	0			69
Pre- and post-operative fistula care and fistula counseling	55	0			55
Total	**133**	**9**			**138**[36]

Table MAL 3. Number of Community Outreach Events and Persons Reached, October 2012 – March 2013, Mali

Event Type	Oct-Dec		Jan-Mar		Apr-Jun		Jul-Sep		FY Total	
	Events	Persons Reached	Events	Persons Reached	Events	Persons Reached	Events	Persons Reached	Events	Persons Reached
Training of IAMANEH community educators	1	6	0	0					**1**	**6**
IAMANEH community outreach efforts	0	0	10	2,150					**10**	**2,150**
Total	**1**	**6**	**10**	**2,150**					**11**	**2,156**

[33] Five surgeons from Mopti received surgical training during the quarter. This was their first training with Fistula Care but they had received fistula training previously.
[34] These four surgeons received first training in the first quarter, and continuing training in the second quarter.
[35] In October-December, 4 from Sikasso; in January-March, five from Kayes.
[36] The same four surgeons received both first and continuing training, and are counted only once in the FY total.

Table MAL 4. Number of FP Clients by Method and Number Counseled about FP, October 2012 – March 2013, Mali

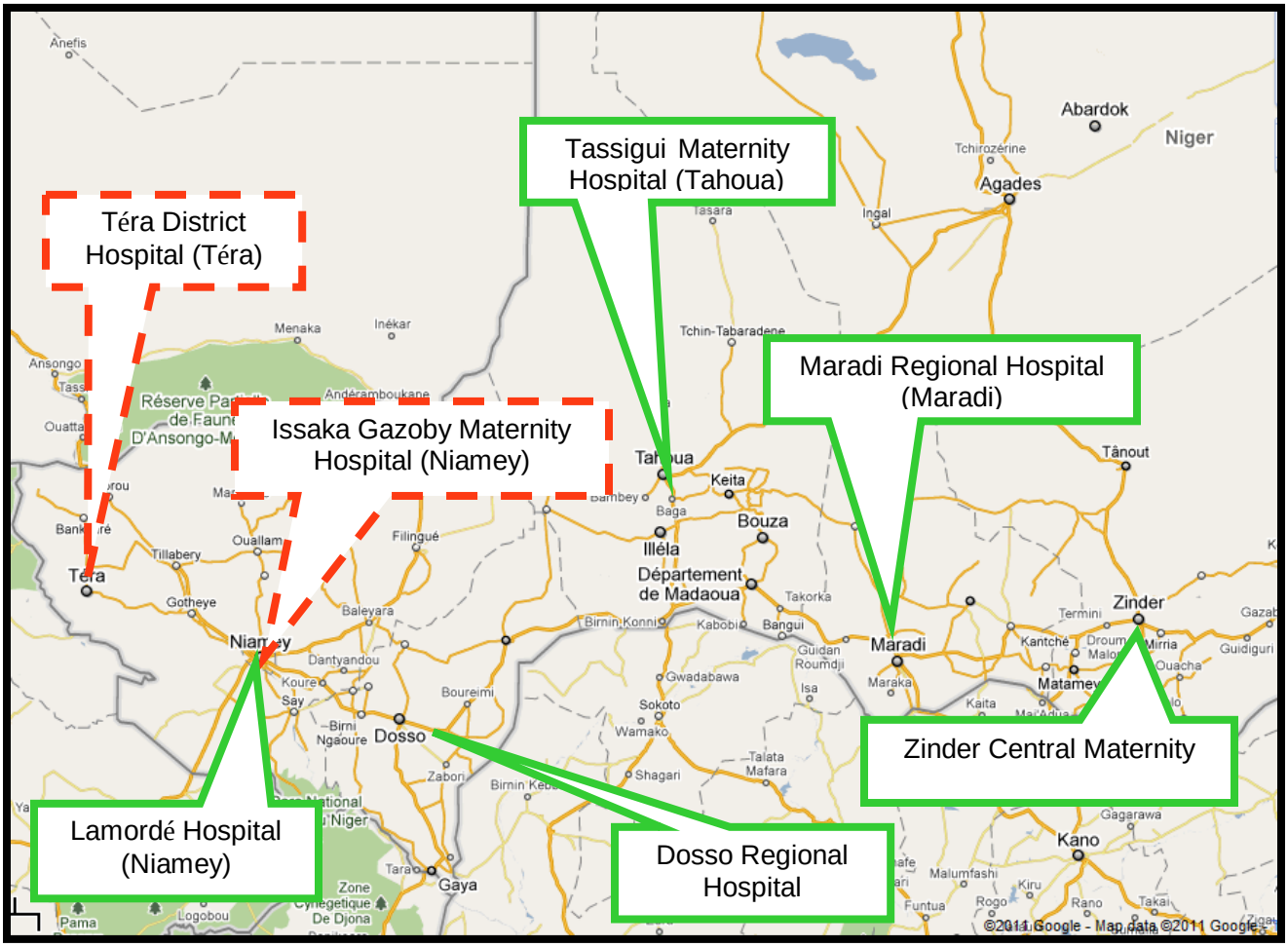
	Kayes	Mopti[37]	Sikasso[38]	Country Total
Fistula FP Methods	**FY Total**	**FY Total**	**FY Total**	**FY Total**
Oral Pill	3	3	10	**16**
IUCD	15	0	13	**28**
Condom (male)	0	0	0	**0**
Condom (female)	0	0	0	**0**
Injectable	19	13	13	**45**
Implant	38	11	66	**115**
Tubal Ligation	0	0	32	**32**
Vasectomy	0	0	0	**0**
Foaming Tablets	0	0	0	**0**
Total FP acceptors	**75**	**27**	**134**	**236**
Total Number of clients counseled about FP methods	75	58	134	**267**

Table MAL 5. Obstetric Services, by site. October 2012 – March 2013, Mali.

	Kayes	Mopti	Sikasso	Country Total
Obstetric Services	**FY Total**	**FY Total**	**FY Total**	**FY Total**
Number of vaginal deliveries	532	126	403	**1,061**
Number of C sections	97	134	318	**549**
Total Number of deliveries	**629**	**260**	**721**	**1,610**
Percent deliveries by C section	15%	52%	44%	**34%**

[37] Data available only for first quarter.
[38] Data available only for second quarter.

NIGER


Tassigui Maternity Hospital (Tahoua)
Téra District Hospital (Téra)
Maradi Regional Hospital (Maradi)
Issaka Gazoby Maternity Hospital (Niamey)
Zinder Central Maternity
Lamordé Hospital (Niamey)
Dosso Regional Hospital
Abardok
Niger
Agades
Tchirozérine
Tasara
Ingal
Menaka
Inékar
Tchin-Tabaradene
Andéramboukane
Ansongo
Ouatta
Réserve Pa de Faun D'Ansongo-M
Tahoua
Keita
Baga
Bambey
Bouza
Illéla
Département de Madaoua
Takorka
Tânout
Téra
Tillabery
Ouallam
Filingué
Gotheye
Baleyara
Niamey
Dantyandou
Koure
Say
Birni Ngaoure
Dosso
Boureimi
Zabori
Birnin Konni
Kabobi
Bangui
Guidan Roumdji
Maradi
Maraka
Gwadabawa
Sokoto
Wamako
Shagari
Isa
Kaita
Matamey
Zinder
Termini
Kantché
Mirria
Ouacha
Guidiguri
Talata Mafara
Gaya
Tara
Zone Cynegetique De Djona
Pama
Logobou
Gagarawa
Kano
Malumfashi
Kiru
Rogo
Rano
Takai
Funtua
©2011 Google - Map data ©2011 Google

PROGRAM ACHIEVEMENT SNAPSHOT NIGER	
Reporting Period	FY 12-13: October 2012 – March 2013
Characteristic	**Description**
Start Date	July 2007 through the AWARE Project
Supported Sites	Five public hospitals for fistula treatment: • Dosso Regional Hospital • Lamordé National Hospital, Niamey • Maradi Regional Hospital • Tassigui Maternity Hospital (Part of Tahoua Regional Hospital) • Maternité Centrale de Zinder (started in FY13 for the RCT) Two public hospital for prevention • Issaka Gazoby Maternity Hospital, Niamey • Téra District Hospital
Background	FC works with the Fistula Eradication Network (Le Réseau pour l'Eradication des Fistules, REF) which is the national organizing body for fistula prevention, treatment and reintegration work. REF works closely with the Ministries of Health and Social Development, serves as the implementing partner for fistula prevention and treatment in Niger, and manages all activities in Niger with technical support from Fistula Care global staff. Tassigui Maternity Hospital (Tahoua) began providing repairs as a supported site in FY10 and support to Téra District Hospital for prevention activities began in FY11. FC and REF agreed to suspend support for repairs at Maradi from September 2011 through April 2012 in order to implement some quality improvement measures. FC began supporting Zinder for repairs as part of the RCT in the second quarter of FY13 as
Treatment strategies (Result 1)	Lamordé and Maradi have at least two trained fistula surgeons on staff; Tahoua has one active fistula surgeon. All sites aside from Zinder offer routine simple repairs; most complex repairs are performed during concentrated efforts when the Lamordé team visits other sites to build capacity and mentor site staff. During FY13: • 213 repairs were supported, with an overall closed and dry rate of 68%. • All surgeons performing fistula repair at supported sites met in November 2012 to discuss data and share experiences and challenges. • As of March 2013, all the trained surgeons at Dosso have been transferred elsewhere and there is currently no trained surgeon on site. Lamordé surgeons have plans to work with current Dosso staff to keep repair services going and train them for providing future repairs.
Prevention strategies (Result 2)	All sites provide family planning services. All but Lamordé offer obstetric care. During FY13: • Community outreach activities were initiated in Boboye in the second quarter of FY13. Together with the committees of Dosso and Maradi, nearly 1,400 events were held reaching over 50,000 individuals.

PROGRAM ACHIEVEMENT SNAPSHOT NIGER	
	• Fifty-one health providers participated in fistula counseling training.
Data utilization (Result 3)	Niger participated in two global research studies which were completed in FY10/11: the prospective observational study on outcomes of repairs and the retrospective cesarean record review. The findings from the retrospective cesarean record review were disseminated in January 2012, and reports were finalized in September 2012. Participants from each of the participating facilities prepared action plans based on the findings. In February 2012, Fistula Care staff, in collaboration with Dr. Sanda Ganda, one of the prospective study site investigators, held a dissemination meeting about the findings with interested stakeholders from Maradi and Lamordé. The Fistula Care/WHO RCT on short term catheterization is being conducted at eight hospitals in Sub-Saharan Africa, including the Zinder Maternity. This facility was supported by UNFPA and WAHA for repairs.. Recruitment of women into the study began in the second quarter of FY12. See Result 3 of the global section of this report for an update about the study.
Policy Work (Result 4)	A national strategy is in place to guide fistula activities nationwide.

KEY INDICATORS SNAP SHOT NIGER						
Reporting Period	FY 12-13: October 2012 – March 2013					
Characteristic	**Description**					
Indicators		**Oct-Dec**	**Jan-Mar**	**Apr-Jun**	**Jul-Sep**	**Total**
Result 1: *Strengthen the capacity of centers to provide quality services to repair and care for women with obstetric and traumatic gynecologic fistula.*	# Repairs	81	132			213
	% women who had surgery who have closed fistula at discharge	71%	66%			68%
	% women who had surgery who experienced complications	0%	0%			0%
	# Surgeons Trained	0	0			0
	# other health trained	31	30			61
Result 2: *Enhance community and facility understanding and practices to prevent fistula, utilize and deliver services for emergency obstetric care and support women's reintegration.*	# community outreach events	342	1,055			1,397
	# persons reached in community outreach	9937	40,228			50,165
	# births	4,005	3,620			7,625
	% of births c section	35%	26%			31%
Result 3: *Gather, analyze, utilize and report data to improve the quality and performance of fistula services.*	% sites reviewing reporting quarterly data	0%	83%			
Result 4: *Strengthen a supportive environment to institutionalize fistula prevention, repair and reintegration programs.*	# of facilities using FC products	6	7			7
Data Trends and Explanations	There are backlogs at Tahoua and Dosso. At Tahoua, the primary surgeon on site has been transferred, as was his replacement so there is only one surgeon there who is capable of repairing only simple fistula. At Dosso, there is currently no surgeon capable of repairing fistula at the site due to staff transfers. Women at all sites are routinely being referred to Lamordé for complex surgeries, or scheduled for surgery during a concentrated effort. The low closed and dry rates at Lamordé and Maradi are attributed to the complexity of the cases being repaired there.					

Table NGR1. Clinical Indicators by Site, October 2012 - March 2013, Niger

	Dosso			Lamordé		
Fistula Treatment Indicators	**Oct-Dec**	**Jan-Mar**	**FY Total**	**Oct-Dec**	**Jan-Mar**	**FY Total**
No. seeking FRS	6	0	6	52	44	96
No. requiring FRS	6	0	6	46	44	90
No. receiving FRS	**2**	**2**	**4**	**46**	**44**	**90**
Percent receiving FRS	**33%**	**0%**	**67%**	**100%**	**100%**	**100%**
Type of FRS performed						
---------- urinary only	2	2	4	42	43	85
---------- urinary & RVF	0	0	0	0	0	0
---------- RVF only	0	0	0	4	1	5
For 'Urinary only' or 'Urinary and RVF' repairs						
---------- first repair	2	2	4	10	17	27
---------- second repair	0	0	0	13	8	21
---------- >2	0	0	0	19	18	37
Percent women with first repair (urinary only)	**100%**	**100%**	**100%**	**24%**	**40%**	**32%**
No. discharged after FRS (urinary only)	8	4	12	39	43	82
No. discharged after FRS (urinary & RVF)	0	0	0	0	0	0
No. discharged after FRS (RVF only)	0	0	0	4	1	5
Total no. discharged after FRS	**8**	**4**	**12**	**43**	**44**	**87**
No. not discharged after FRS	2	0	2	10	10	20
Outcome of FRS (urinary only & urinary/RVF)						
-------No. with closed fistula who are dry	5	4	9	28	12	40
-------No. with closed fistula & stress incontinence	1	0	1	8	26	34
------No. whose fistula was not closed	2	0	2	3	5	8
Percent with closed fistula who are dry (urinary only & urinary/RVF)	**63%**	**100%**	**75%**	**72%**	**28%**	**49%**
Outcome of FRS (RVF only)						
---closed and dry	0	0	0	4	1	5
---incontinent with water stool and /or flatus (gas)	0	0	0	0	0	0
------incontinent with firm stool	0	0	0	0	0	0
% with closed and dry fistula (RVF only)	**0%**	**0%**	**0%**	**100%**	**100%**	**100%**
% with closed and dry fistula (urinary, urinary/RVF, RVF)	**63%**	**100%**	**75%**	**74%**	**30%**	**52%**
No. with complications after FRS	0	0	0	0	0	0
------Major surgical complications	0	0	0	0	0	0
------Anesthesia-related complication	0	0	0	0	0	0
------Post-operative complication related to perceived success of surgery	0	0	0	0	0	0
Percent with complications after FRS	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**

Table NGR1. Clinical Indicators by Site, October 2012 - March 2013, Niger (Continued)

	Maradi			Tahoua		
Fistula Treatment Indicators	**Oct-Dec**	**Jan-Mar**	**FY Total**	**Oct-Dec**	**Jan-Mar**	**FY Total**
No. seeking FRS	36	16	52	10	10	20
No. requiring FRS	36	15	51	10	10	20
No. receiving FRS	**30**	**14**	**44**	**3**	**17**	**20**
Percent receiving FRS	**83%**	**93%**	**86%**	**30%**	**170%**	**100%**
Type of FRS performed						
---------- urinary only	30	12	42	3	17	20
---------- urinary & RVF	0	1	1	0	0	0
---------- RVF only	0	1	1	0	0	0
For 'Urinary only' or 'Urinary and RVF' repairs						
---------- first repair	17	13	30	3	6	9
---------- second repair	7	0	7	0	9	9
---------- >2	6	0	6	0	2	2
Percent women with first repair (urinary only)	**57%**	**100%**	**70%**	**100%**	**35%**	**45%**
No. discharged after FRS (urinary only)	22	16	38	3	17	20
No. discharged after FRS (urinary & RVF)	0	0	0	0	0	0
No. discharged after FRS (RVF only)	0	1	1	1	0	1
Total no. discharged after FRS	**22**	**17**	**39**	**4**	**17**	**21**
No. not discharged after FRS	8	5	13	0	0	0
Outcome of FRS (urinary only & urinary/RVF)						
------No. with closed fistula who are dry	15	12	27	2	13	15
------No. with closed fistula & stress incontinence	4	2	6	0	4	4
-----No. whose fistula was not closed	3	2	5	1	0	1
Percent with closed fistula who are dry (urinary only & urinary/RVF)	**68%**	**75%**	**71%**	**67%**	**76%**	**75%**
Outcome of FRS (RVF only)						
----closed and dry	0	1	1	1	0	1
----incontinent with water stool and /or flatus (gas)	0	0	0	0	0	0
------incontinent with firm stool	0	0	0	0	0	0
Percent with closed and dry fistula (RVF only)	**0%**	**100%**	**100%**	**100%**	**0%**	**100%**
Percent with closed and dry fistula (urinary, urinary/RVF, RVF)	**68%**	**76%**	**72%**	**75%**	**76%**	**76%**
No. with complications after FRS	0	0	0	0	0	0
-----Major surgical complications	0	0	0	0	0	0
-----Anesthesia-related complication	0	0	0	0	0	0
-----Post-operative complication related to perceived success of surgery	0	0	0	0	0	0
Percent with complications after FRS	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**

Table NGR1. Clinical Indicators by Site, October 2012 - March 2013, Niger (Continued2)

	Zinder			Country Total		
Fistula Treatment Indicators	**Oct-Dec**	**Jan-Mar**	**FY Total**	**Oct-Dec**	**Jan-Mar**	**FY Total**
No. seeking FRS	NS	55	55	104	125	229
No. requiring FRS	NS	55	55	98	124	222
No. receiving FRS	**NS**	**55**	**55**	**81**	**132**	**213**
Percent receiving FRS	**n/a%**	**100%**	**100%**	**83%**	**106%**	**96%**
Type of FRS performed						
---------- urinary only	NS	50	50	77	124	201
---------- urinary & RVF	NS	4	4	0	5	5
---------- RVF only	NS	1	1	4	3	7
For 'Urinary only' or 'Urinary and RVF' repairs						
---------- first repair	NS	16	16	32	54	86
---------- second repair	NS	8	8	20	25	45
---------- >2	NS	30	30	25	50	75
Percent women with first repair (urinary only)	**n/a%**	**30%**	**30%**	**42%**	**42%**	**42%**
No. discharged after FRS (urinary only)	NS	33	33	72	113	185
No. discharged after FRS (urinary & RVF)	NS	0	0	0	0	0
No. discharged after FRS (RVF only)	NS	1	1	5	3	8
Total no. discharged after FRS	**NS**	**34**	**34**	**77**	**116**	**193**
No. not discharged after FRS	NS	21	21	20	36	56
Outcome of FRS (urinary only & urinary/RVF)						
------No. with closed fistula who are dry	NS	33	33	50	74	124
------No. with closed fistula & stress incontinence	NS	0	0	13	32	45
-----No. whose fistula was not closed	NS	0	0	9	7	16
Percent with closed fistula who are dry (urinary only & urinary/RVF)	**n/a%**	**100%**	**100%**	**69%**	**65%**	**67%**
Outcome of FRS (RVF only)						
------closed and dry	NS	1	1	5	3	8
-incontinent, water stool & /or flatus (gas)	NS	0	0	0	0	0
------incontinent with firm stool	NS	0	0	0	0	0
Percent with closed and dry fistula (RVF only)	**n/a%**	**100%**	**100%**	**100%**	**100%**	**100%**
Percent with closed and dry fistula (urinary, urinary/RVF, RVF)	**n/a%**	**100%**	**100%**	**71%**	**66%**	**68%**
No. with complications after FRS	NS	0	0	0	0	0
------Major surgical complications	NS	0	0	0	0	0
----Anesthesia-related complication	NS	0	0	0	0	0
----Post-operative complication related to perceived success of surgery	NS	0	0	0	0	0
% with complications after FRS	**n/a%**	**0%**	**0%**	**0%**	**0%**	**0%**

Table NGR 2. Number of Persons Trained by Topic, October 2012 – March 2013, Niger

Training Topic	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	FY Total
Lamordé					
Fistula counseling TOT	21	0			21
Dosso					
Facilitative supervision	10	0			10
Fistula counseling	0	10			10
Maradi					
Fistula counseling	0	10			10
Tahoua					
Fistula Counseling	0	10			10
Total	**31**	**30**			**61**

Table NGR 3. Number of Community Outreach Events and Persons Reached, October 2012 – March 2013, Niger

Event Type	Oct-Dec		Jan-Mar		Apr-Jun		Jul-Sep		FY Total	
	Events	Persons Reached	Events	Persons Reached	Events	Persons Reached	Events	Persons Reached	Events	Persons Reached
Door-to-door and individual community outreach in Maradi	205	5,883	98	2,972					**303**	**8,855**
Door-to-door and individual community outreach in Dosso and Boboye	137	4,054	957	37,256					**1,094**	**41,310**
Total	**342**	**9,937**	**1,055**	**40,228**					**1,397**	**50,165**

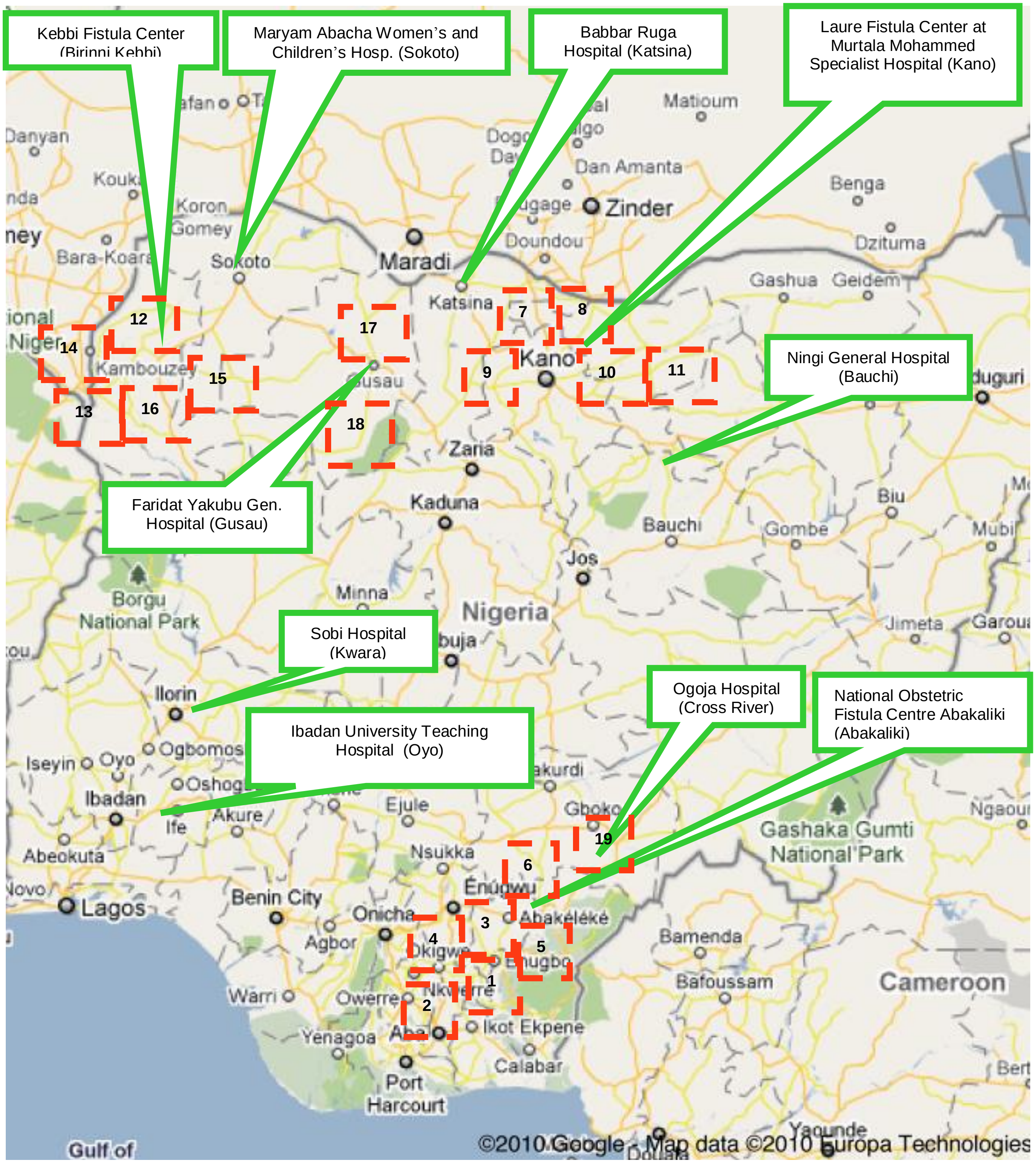
Table NGR4. Number of FP Clients by Method and Number Counseled about FP, by Site. October 2012 – March 2013, Niger

FP Methods	Dosso	Issaka Gazobi	Maradi	Tahoua	Tera	Country Total
Oral Pill	145	536	583	336	83	**1683**
IUCD	1	40	24	5	0	**70**
Condom (male)	0	0	0	0	0	**0**
Condom (female)	0	0	0	0	0	**0**
Injectable	14	175	374	82	0	**645**
Implant	1	179	313	31	26	**550**
Tubal Ligation	0	65	9	0	0	**74**
Vasectomy	0	0	0	0	0	**0**
Foaming Tablets	0	0	0	0	0	**0**
Total FP acceptors	**161**	**995**	**1303**	**454**	**109**	**3022**
Total Number of clients counseled about FP methods	161	995	667	454	109	**2386**

Table NGR5. Obstetric Services, by site. October 2012 – March 2013, Niger

Obstetric Services	Dosso	Issaka Gazobi	Maradi	Tahoua	Tera	Country Total
Number of vaginal deliveries	863	1381	525	2041	458	**5268**
Number of C sections	232	1395	547	129	54	**2357**
Total Number of deliveries	**1095**	**2776**	**1072**	**2170**	**512**	**7625**
Percent deliveries by C section	21%	50%	51%	6%	11%	**31%**

NIGERIA


Kebbi Fistula Center (Birinni Kebbi)
Maryam Abacha Women's and Children's Hosp. (Sokoto)
Babbar Ruga Hospital (Katsina)
Laure Fistula Center at Murtala Mohammed Specialist Hospital (Kano)
Ningi General Hospital (Bauchi)
Faridat Yakubu Gen. Hospital (Gusau)
Sobi Hospital (Kwara)
Ibadan University Teaching Hospital (Oyo)
Ogoja Hospital (Cross River)
National Obstetric Fistula Centre Abakaliki (Abakaliki)
1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
Nigeria
Cameroon
©2010 Google - Map data ©2010 Europa Technologies

Map Key: Prevention Sites in Red Boxes (dashed lines)

1	Owutuedda General Hospital (Ebonyi)
2	Cottage Hospital, (Ebonyi)
3	Ebonyi State University Teaching Hospital (Ebonyi)
4	Ezangbo Maternity Hospital (Ebonyi)
5	Azuiyokwu Primary Health Center (Ebonyi)
6	Mgbo Primary Health Center (Ebonyi)
7	Comprehensive Health Center, Kumbotso (Kano)
8	Takai Community/NYSC Health Center, Takai (Kano)
9	Tarauni MCH Clinic (Kano)
10	Unguku MCH Clinic (Kano)
11	Muhammadu Abdullahi Wase Hospital (Kano)
12	Jega General Hospital, (Kebbi)
13	Kamba General Hospital (Kebbi)
14	Maiyama General Hospital (Kebbi)
15	Argungum General Hospital (Kebbi)
16	Dakingari Primary Health Center (Kebbi)
17	Bakura General Hospital (Zamfara)
18	Bungudu General Hospital (Zamfara)
19	Ogoja MCH (Cross River State)

PROGRAM ACHIEVEMENT SNAPSHOT NIGERIA	
Reporting Period	FY 12-13: October 2012 – March 2013
Characteristic	**Description**
Start Date	February 2007 through the ACQUIRE Project
Supported Sites	Fistula Care Nigeria provides support to 28 sites: 10 repair sites and 19 prevention-only sites. See details in Annex 1. By state, the totals are: • Bauchi State: 1 site (1 repair) • Cross River State: 2 sites (1 repair, 1 prevention only) • Ebonyi: 7 sites (1 repair, 6 prevention only) • Kano: 6 sites (1 repair, 5 prevention only) • Katsina 1 site (1 repair) • Kebbi: 6 sites (1 repair, 5 prevention only) • Kwara: 1 site (1 repair) • Oyo: 1 site (1 repair) • Sokoto: 1 site (1 repair) • Zamfara: 3 sites (1 repair, 2 prevention only) In the third quarter of FY10/11, USAID/N instructed FC to cease support to 29 prevention-only sites. This request was later changed, and support was reinstated to most sites FY11/12. All Sokoto prevention-only sites are now supported by the TSHIP project.
Background	FC Nigeria collaborates with community-based partners such as religious leaders to disseminate fistula prevention messages and reduce stigma of fistula clients and to help reintegrate clients back into their communities post repair.
Treatment strategies (Result 1)	At the ten repair sites, fistula repair services are provided on a routine basis, as well as through pooled repair efforts. Pooled efforts help reduce the backlog of patients waiting for surgery. The pooled effort strategy is described in a FC Technical Brief: A Collaborative Network to Improve Access to Fistula Treatment in Nigeria. During FY13: • 917 repairs have been supported, with an overall closed and dry rate of 77%. • 9 pooled efforts were organized; 241 women received repairs. • A total of 15 surgeons participated in first (8 surgeons) and continuing training (7 surgeons) for fistula repair. • 135 health care workers were trained in infection prevention and waste management systems were reviewed at two supported facilities. • Two screening sites in Cross River were refurbished to ensure a steady power supply during screening efforts as well as provision of basic screening instruments, equipment and consumables.
Prevention strategies (Result 2)	During the first two quarters of FY13: • 15 doctors and midwives participated in EmOC training. • 53 health care received training in integrating FP into fistula services (27) and FP counseling (26). • Community outreach efforts by the Religious Leaders Advocacy Champions (RLAC) and Ward Development Committees (WDCs) reached over 177,000 people. • Radio and TV programs continue to air, and media roundtables are

PROGRAM ACHIEVEMENT SNAPSHOT NIGERIA	
	held to increase awareness among the public about fistula-related issues.
Data utilization (Result 3)	• FC Nigeria participated in the global research prospective observational study. The findings from the study were presented in country in September 2012. • The National Obstetric Fistula Center, Abakaliki is one of eight participating hospitals in the RCT study on short term catheterization. The study is expected to be completed by July 2013. See Result 3 under global accomplishments for more information about the study. • The community screening study to assess the feasibility of screening women in health facilities located in communities located longer distances from the fistula repair centers was completed and the final report submitted to USAID this quarter. Preliminary findings from the study were presented at the 2012 ISOFS meeting in Dhaka in November. A manuscript of the study findings is being prepared. See Result 3 in the global section for a summary of the study findings. • In the second quarter of FY13, a two day providers' network meeting was held, where data for the previous quarter was presented and discussed by fistula teams from all supported sites.
Policy Work (Result 4)	During FY13: • The National Strategic Framework for the Elimination of Fistula in Nigeria was printed. The project was able to organize the National Obstetric Fistula Working Group (NOFWG) meeting that culminated in the formal launch of the NSF and the Standards of Practice (SOPS) for doctors and nurses in November 2012, by the Honorable Minister for Health. FC supported zonal dissemination of the Strategic Framework and Standards of Practice for doctors and nurses. • FC worked with the MOH's to identify indicators and develop reporting forms for fistula repairs services which are now included in the NHMIS. • in November 2012, FC, in collaboration with Federal Ministry of Health, Federal Ministry of Women Affairs, UNFPA and Institute of Social Works of Nigeria (ISOWN) organized the 3rd International Conference on Social Work titled "Global Trend, Practice, Competence and Service Delivery in the 21st Century" with a subtheme on care, rehabilitation and reintegration of the vulnerable: children, women and the elderly. • FC collaborated with and attended the 46th annual conference of The Society of Obstetricians and Gynecologists of Nigeria (SOGON) in Abakaliki, Ebonyi State during the first quarter. • During the second quarter, Nigeria hosted a 3-day global consultative meeting on Urinary catheterization for prevention and conservative treatment of Obstetric Fistula.

KEY INDICATORS SNAP SHOT NIGERIA

PROGRAM ACHIEVEMENT SNAPSHOT NIGERIA

Reporting Period	FY 12-13: October 2012 – March 2013					
Characteristic	**Description**					
Indicators		**Oct-Dec**	**Jan Mar**	**Apr Jun**	**Jul Sep**	**Total**
Result 1: *Strengthen the capacity of centers to provide quality services to repair and care for women with obstetric and traumatic gynecologic fistula.*	# Repairs	382	535			**917**
	% women who had surgery who have closed fistula at discharge	76%	78%			**77%**
	% women who had surgery who experienced complications	1%	0%			**1%**
	# Surgeons Trained	1	15			**15**[39]
	# other health trained	189	50			**239**
Result 2: *Enhance community and facility understanding and practices to prevent fistula, utilize and deliver services for emergency obstetric care and support women's reintegration.*	# community outreach events	300	178			**478**
	# persons reached in community outreach	83,262	94,144			**177,406**
	# births	757	1,580			**2,337**
	% of births c section	5%	5%			**5%**
Result 3: *Gather, analyze, utilize and report data to improve the quality and performance of fistula services.*	% sites reviewing reporting quarterly data	44%	100%			
Result 4: *Strengthen a supportive environment to institutionalize fistula prevention, repair and reintegration programs.*	# of facilities using FC products	27	26			**27**
Data Trends and Explanations	The first quarter of the year is usually has lower overall performance because most health care providers take annual leave during this period and many take leave during the annual Muslim pilgrimages. In the first quarter, patients were unable to receive repairs in the General Hospital Ogoja becuase the maternity section was temporarily relocated to the fistula section due to major renovations. At Ningi and Katsina, the surgeons were on leave during the first quarter. Sokoto and Zamfara's backlog was due to the level of difficulty of cases requiring availability of an experienced surgeon. Kebbi is presently supported only by pooled effort repair sessions because there is no resident surgeon. Low closed and dry rates were attributed to the severity of the cases being seen at those sites. Most of the women require multiple surgeries before their fistula can be fully closed.					

[39] One surgeon received continuing training in the first and second quarter and is only counted once in the FY total.

Table NIG1. Clinical Indicators by Site, October 2012 – March 2013, Nigeria

	Babbar Ruga			Faridat Yakuba			GH Ogoja		
Fistula Treatment Indicators	**Oct-Dec**	**Jan-Mar**	**FY Total**	**Oct-Dec**	**Jan-Mar**	**FY Total**	**Oct-Dec**	**Jan-Mar**	**FY Total**
No. seeking FRS	114	121	235	49	41	90	0	29	29
No. requiring FRS	114	108	222	49	39	88	0	29	29
No. receiving FRS	**78**	**124**	**202**	**27**	**38**	**65**	**0**	**29**	**29**
Percent receiving FRS	**68%**	**115%**	**91%**	**55%**	**97%**	**74%**	**0%**	**100%**	**100%**
Type of FRS performed									
---------- urinary only	70	106	176	27	37	64	0	28	28
---------- urinary & RVF	4	13	17	0	0	0	0	0	0
---------- RVF only	4	5	9	0	1	1	0	1	1
For 'Urinary only' or 'Urinary and RVF' repairs									
---------- first repair	59	97	156	18	22	40	0	11	11
---------- second repair	13	19	32	4	8	12	0	9	9
---------- >2	2	3	5	5	7	12	0	8	8
Percent women with first repair (urinary only)	**80%**	**82%**	**81%**	**67%**	**59%**	**63%**	**0%**	**39%**	**39%**
No. discharged after FRS (urinary only)	72	124	196	21	25	46	8	27	35
No. discharged after FRS (urinary & RVF)	4	11	15	0	0	0	0	0	0
No. discharged after FRS (RVF only)	8	5	13	0	1	1	0	1	1
Total no. discharged after FRS	**84**	**142**	**226**	**21**	**26**	**47**	**8**	**28**	**36**
No. not discharged after FRS	16	0	16	6	18	24	0	0	0
Outcome of FRS (urinary only & urinary/RVF)									
---------- No. with closed fistula who are dry	68	123	191	16	23	39	6	18	24
---------- No. with closed fistula & stress incontinence	8	12	20	5	2	7	2	9	11
---------- No. whose fistula was not closed	0	0	0	0	0	0	0	0	0
Percent with closed fistula who are dry (urinary only & urinary/RVF)	**89%**	**91%**	**91%**	**76%**	**92%**	**85%**	**75%**	**67%**	**69%**
Outcome of FRS (RVF only)									

	Babbar Ruga			Faridat Yakuba			GH Ogoja		
Fistula Treatment Indicators	**Oct-Dec**	**Jan-Mar**	**FY Total**	**Oct-Dec**	**Jan-Mar**	**FY Total**	**Oct-Dec**	**Jan-Mar**	**FY Total**
---------- closed and dry	8	5	13	0	1	1	0	1	1
---------- incontinent with water stool and /or flatus (gas)	0	0	0	0	0	0	0	0	0
---------- incontinent with firm stool	0	0	0	0	0	0	0	0	0
Percent with closed and dry fistula (RVF only)	**100%**	**100%**	**100%**	**0%**	**100%**	**100%**	**0%**	**100%**	**100%**
Percent with closed and dry fistula (urinary, urinary/RVF, RVF)	**90%**	**90%**	**90%**	**76%**	**92%**	**85%**	**75%**	**68%**	**69%**
No. with complications after FRS	0	0	0	1	0	1	0	1	1
---------- Major surgical complications	0	0	0	0	0	0	0	1	1
---------- Anesthesia-related complication	0	0	0	1	0	1	0	0	0
---------- Post-operative complication related to perceived success of surgery	0	0	0	0	0	0	0	0	0
Percent with complications after FRS	**0%**	**0%**	**0%**	**5%**	**0%**	**2%**	**0%**	**4%**	**3%**

Table NIG1. Clinical Indicators by Site, October 2012 – March 2013, Nigeria (Continued1)

	Kebbi			Laure Fistula Ctr.			Maryam Abacha		
Fistula Treatment Indicators	**Oct-Dec**	**Jan-Mar**	**FY Total**	**Oct-Dec**	**Jan-Mar**	**FY Total**	**Oct-Dec**	**Jan-Mar**	**FY Total**
No. seeking FRS	63	81	144	111	190	301	78	58	136
No. requiring FRS	63	69	132	61	91	152	78	58	136
No. receiving FRS	**61**	**44**	**105**	**56**	**91**	**147**	**57**	**38**	**95**
Percent receiving FRS	**97%**	**64%**	**80%**	**92%**	**100%**	**97%**	**73%**	**66%**	**70%**
Type of FRS performed									
---------- urinary only	56	44	100	50	87	137	55	38	93
---------- urinary & RVF	2	0	2	4	2	6	0	0	0
---------- RVF only	3	0	3	2	2	4	2	0	2
For 'Urinary only' or 'Urinary and RVF' repairs									
---------- first repair	34	35	69	49	78	127	31	12	43
---------- second repair	8	5	13	4	10	14	18	12	30
---------- >2	16	4	20	1	1	2	6	14	20
Percent women with first repair (urinary only)	**59%**	**80%**	**68%**	**91%**	**88%**	**89%**	**56%**	**32%**	**46%**
No. discharged after FRS (urinary only)	89	44	133	76	76	152	38	57	95
No. discharged after FRS (urinary & RVF)	2	0	2	2	2	4	0	0	0
No. discharged after FRS (RVF only)	3	0	3	2	2	4	1	0	1
Total no. discharged after FRS	**94**	**44**	**138**	**80**	**80**	**160**	**39**	**57**	**96**
No. not discharged after FRS	0	0	0	17	28	45	24	5	29
Outcome of FRS (urinary only & urinary/RVF)									
---------- No. with closed fistula who are dry	53	29	82	75	78	153	18	25	43
---------- No. with closed fistula & stress incontinence	9	5	14	2	0	2	8	19	27
---------- No. whose fistula was not closed	29	10	39	1	0	1	12	13	25
Percent with closed fistula who are dry (urinary only & urinary/RVF)	**58%**	**66%**	**61%**	**96%**	**100%**	**98%**	**47%**	**44%**	**45%**
Outcome of FRS (RVF only)									
---------- closed and dry	2	0	2	2	2	4	1	0	1

	Kebbi			Laure Fistula Ctr.			Maryam Abacha		
Fistula Treatment Indicators	**Oct-Dec**	**Jan-Mar**	**FY Total**	**Oct-Dec**	**Jan-Mar**	**FY Total**	**Oct-Dec**	**Jan-Mar**	**FY Total**
---------- incontinent with water stool and /or flatus (gas)	0	0	0	0	0	0	0	0	0
---------- incontinent with firm stool	1	0	1	0	0	0	0	0	0
Percent with closed and dry fistula (RVF only)	**67%**	**0%**	**67%**	**100%**	**100%**	**100%**	**100%**	**0%**	**100%**
Percent with closed and dry fistula (urinary, urinary/RVF, RVF)	**59%**	**66%**	**61%**	**96%**	**100%**	**98%**	**49%**	**44%**	**46%**
No. with complications after FRS	0	0	0	1	0	1	0	0	0
---------- Major surgical complications	0	0	0	0	0	0	0	0	0
---------- Anesthesia-related complication	0	0	0	1	0	1	0	0	0
---------- Post-operative complication related to perceived success of surgery	0	0	0	0	0	0	0	0	0
Percent with complications after FRS	**0%**	**0%**	**0%**	**1%**	**0%**	**1%**	**0%**	**0%**	**0%**

Table NIG1. Clinical Indicators by Site, October 2012 – March 2013, Nigeria (Continued2)

	Abakaliki Fistula Centre			Ningi			Sobi		
Fistula Treatment Indicators	**Oct-Dec**	**Jan-Mar**	**FY Total**	**Oct-Dec**	**Jan-Mar**	**FY Total**	**Oct-Dec**	**Jan-Mar**	**FY Total**
No. seeking FRS	110	178	288	31	46	77	7	24	31
No. requiring FRS	85	111	196	31	41	72	7	22	29
No. receiving FRS	**85**	**107**	**192**	**0**	**40**	**40**	**7**	**14**	**21**
Percent receiving FRS	**100%**	**96%**	**98%**	**0%**	**98%**	**56%**	**100%**	**64%**	**72%**
Type of FRS performed									
---------- urinary only	83	105	188	0	38	38	5	14	19
---------- urinary & RVF	0	0	0	0	0	0	0	0	0
---------- RVF only	2	2	4	0	2	2	2	0	2
For 'Urinary only' or 'Urinary and RVF' repairs									
---------- first repair	54	45	99	0	11	11	3	9	12
---------- second repair	24	35	59	0	16	16	1	3	4
---------- >2	5	25	30	0	11	11	1	2	3
Percent women with first repair (urinary only)	**65%**	**43%**	**53%**	**0%**	**29%**	**29%**	**60%**	**64%**	**63%**
No. discharged after FRS (urinary only)	91	88	179	34	38	72	5	13	18
No. discharged after FRS (urinary & RVF)	0	0	0	0	0	0	0	0	0
No. discharged after FRS (RVF only)	2	2	4	0	2	2	2	0	2
Total no. discharged after FRS	**93**	**90**	**183**	**34**	**40**	**74**	**7**	**13**	**20**
No. not discharged after FRS	1	18	19	0	0	0	0	1	1
Outcome of FRS (urinary only & urinary/RVF)									
---------- No. with closed fistula who are dry	71	63	134	23	26	49	3	10	13
---------- No. with closed fistula & stress incontinence	12	7	19	1	4	5	0	2	2
---------- No. whose fistula was not closed	8	18	26	10	8	18	2	1	3
Percent with closed fistula who are dry (urinary only & urinary/RVF)	**78%**	**72%**	**75%**	**68%**	**68%**	**68%**	**60%**	**77%**	**72%**
Outcome of FRS (RVF only)									
---------- closed and dry	2	1	3	0	2	2	2	0	2

	Abakaliki Fistula Centre			Ningi			Sobi		
Fistula Treatment Indicators	**Oct-Dec**	**Jan-Mar**	**FY Total**	**Oct-Dec**	**Jan-Mar**	**FY Total**	**Oct-Dec**	**Jan-Mar**	**FY Total**
---------- incontinent with water stool and /or flatus (gas)	0	1	1	0	0	0	0	0	0
---------- incontinent with firm stool	0	0	0	0	0	0	0	0	0
Percent with closed and dry fistula (RVF only)	**100%**	**50%**	**75%**	**0%**	**100%**	**100%**	**100%**	**0%**	**100%**
Percent with closed and dry fistula (urinary, urinary/RVF, RVF)	**78%**	**71%**	**75%**	**68%**	**70%**	**69%**	**71%**	**77%**	**75%**
No. with complications after FRS	1	0	1	0	0	0	0	0	0
---------- Major surgical complications	1	0	1	0	0	0	0	0	0
---------- Anesthesia-related complication	0	0	0	0	0	0	0	0	0
---------- Post-operative complication related to perceived success of surgery	0	0	0	0	0	0	0	0	0
Percent with complications after FRS	**1%**	**0%**	**1%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**

Table NIG1. Clinical Indicators by Site, October 2012 – March 2013, Nigeria (Continued3)

	Ibadan			Country Total		
Fistula Treatment Indicators	**Oct-Dec**	**Jan-Mar**	**FY Total**	**Oct-Dec**	**Jan-Mar**	**FY Total**
No. seeking FRS	10	4	14	573	772	1345
No. requiring FRS	9	4	13	497	572	1069
No. receiving FRS	**11**	**10**	**21**	**382**	**535**	**917**
Percent receiving FRS	**122%**	**250%**	**162%**	**77%**	**94%**	**86%**
Type of FRS performed						
---------- urinary only	11	9	20	357	506	863
---------- urinary & RVF	0	0	0	10	15	25
---------- RVF only	0	1	1	15	14	29
For 'Urinary only' or 'Urinary and RVF' repairs						
---------- first repair	5	4	9	253	324	577
---------- second repair	5	3	8	77	120	197
---------- >2	1	2	3	37	77	114
Percent women with first repair (urinary only)	**45%**	**44%**	**45%**	**69%**	**62%**	**65%**
No. discharged after FRS (urinary only)	8	10	18	442	502	944
No. discharged after FRS (urinary & RVF)	0	0	0	8	13	21
No. discharged after FRS (RVF only)	0	1	1	18	14	32
Total no. discharged after FRS	**8**	**11**	**19**	**468**	**531**	**999**
No. not discharged after FRS	3	2	5	67	72	139
Outcome of FRS (urinary only & urinary/RVF)						
---------- No. with closed fistula who are dry	6	8	14	339	403	742
---------- No. with closed fistula & stress incontinence	2	1	3	49	61	110
---------- No. whose fistula was not closed	0	1	1	62	51	113
Percent with closed fistula who are dry (urinary only & urinary/RVF)	**75%**	**80%**	**78%**	**75%**	**78%**	**77%**
Outcome of FRS (RVF only)						
---------- closed and dry	0	1	1	17	13	30
---------- incontinent with water stool and /or flatus (gas)	0	0	0	0	1	1

	Ibadan			Country Total		
Fistula Treatment Indicators	**Oct-Dec**	**Jan-Mar**	**FY Total**	**Oct-Dec**	**Jan-Mar**	**FY Total**
---------- incontinent with firm stool	0	0	0	1	0	1
Percent with closed and dry fistula (RVF only)	**0%**	**100%**	**100%**	**94%**	**93%**	**94%**
Percent with closed and dry fistula (urinary, urinary/RVF, RVF)	**75%**	**82%**	**79%**	**76%**	**78%**	**77%**
No. with complications after FRS	0	1	1	3	2	5
---------- Major surgical complications	0	1	1	1	2	3
---------- Anesthesia-related complication	0	0	0	2	0	2
---------- Post-operative complication related to perceived success of surgery	0	0	0	0	0	0
Percent with complications after FRS	**0%**	**9%**	**5%**	**1%**	**0%**	**1%**

Table NIG2. Pooled Effort Events for Fistula Repair, October 2012-March 2013, Nigeria

Location	Date	Number repairs	*Number surgeons*
Kebbi	October 2012 February 2013	24 45	*3* *1*
Ningi	January 2013	40	*3*
Sobi	March 2013	14	*9*
Ogoja	February 2013	27	*2*
Maryam Abacha Sokoto	November 2012 January-February 2013 February 2013	23 18 19	*3* *3* *3*
Faridat	February-March 2013	31	*4*
Total		**241**	**31**

Table NIG3. Number of Persons Trained by Topic, October 2012 – March 2013, Nigeria

Training Topic	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	FY Total
Abakaliki					
Continuing training in surgical repair for fistula	1	1			**1**[40]
Family planning counseling training (Enugu region)	0	14			**14**
Faridat General Hospital					
Infection prevention	30	0			**30**
Continuing training in fistula repair	0	1			**1**
Ogoja					
First training in fistula repair	0	2			**2**
Continuing training in fistula repair	0	2			**2**
Babbar Ruga					
Pre- and post-operative care	0	2			**2**
Kebbi					
Family planning counseling	12	0			**12**
University of Ilorin Teaching Hospital					
First training in fistula repair	0	2			**2**
Sobi					
Fistula counseling	15	0			**15**
Family planning integration	27	0			**27**
Infection prevention	75	0			**75**
First training in fistula repair	0	2			**2**
Pre- and post-operative care	0	2			**2**
Maryam Abacha					
EmOC	0	15			**15**
Pre- and post-operative care	0	2			**2**
Ningi					
Infection prevention	30	0			**30**
Fistula counseling	0	15			**15**
University Teaching Hospital, Ibadan					
First training in fistula repair	0	2			**2**
Continuing training in fistula repair	0	3			**3**
Total	**190**	**65**			**254**

[40] The same surgeon received continuing training in both the first and second quarter, and is only counted once in the FY total.

Table NIG4. Number of Community Outreach Events and Persons Reached by State, October 2012 – March 2013, Nigeria

State	Oct-Dec		Jan-Mar		Apr-Jun		Jul-Sep		FY Total	
	Events	Persons Reached	Events	Persons Reached	Events	Persons Reached	Events	Persons Reached	Events	Persons Reached
Kebbi	154	57,584	51	65,549					205	123,133
Sokoto	22	3,490	23	3,642					45	7,132
Zamfara	122	16,546	104	24,953					226	41,499
Ebonyi	2	5,642	0	0					2	5,642
Total	**300**	**83,262**	**178**	**94,144**					**478**	**177,406**

Table NIG5. Number of FP Clients by Method and Number Counseled about FP, by State. October 2012 – March 2013, Nigeria.[41]

FP Methods	Ebonyi (7 sites)	Kebbi (5 sites)	Katsina (1 site)	Zamfara (3 sites)	Kano (5 sites[42])	Sokoto (2 sites)	Kwara (1 site)	Cross River (2 sites)	Country Total
Oral Pill	83	182	14	81	673	129	27	137	**1,326**
IUCD	11	20	0	19	169	7	6	300	**532**
Condom (male)	210	7	4	7	22	15	1	152	**418**
Condom (female)	28	8	0	0	2	0	0	33	**71**
Injectable	497	402	70	683	1,730	1192	87	498	**5,159**
Implant	114	72	1	57	15	200	24	88	**571**
Tubal Ligation	6	0	0	0	0	0	0	0	**6**
Vasectomy	0	0	0	0	0	0	0	0	**0**
Foaming Tablets	0	0	0	0	0	0	0	0	**0**
Total FP acceptors	**949**	**691**	**89**	**847**	**2,611**	**1,543**	**145**	**1,208**	**8,083**
Total Number of clients counseled about FP methods	1339	765	385	910	2,841	1,751	145	1,548	**9,684**

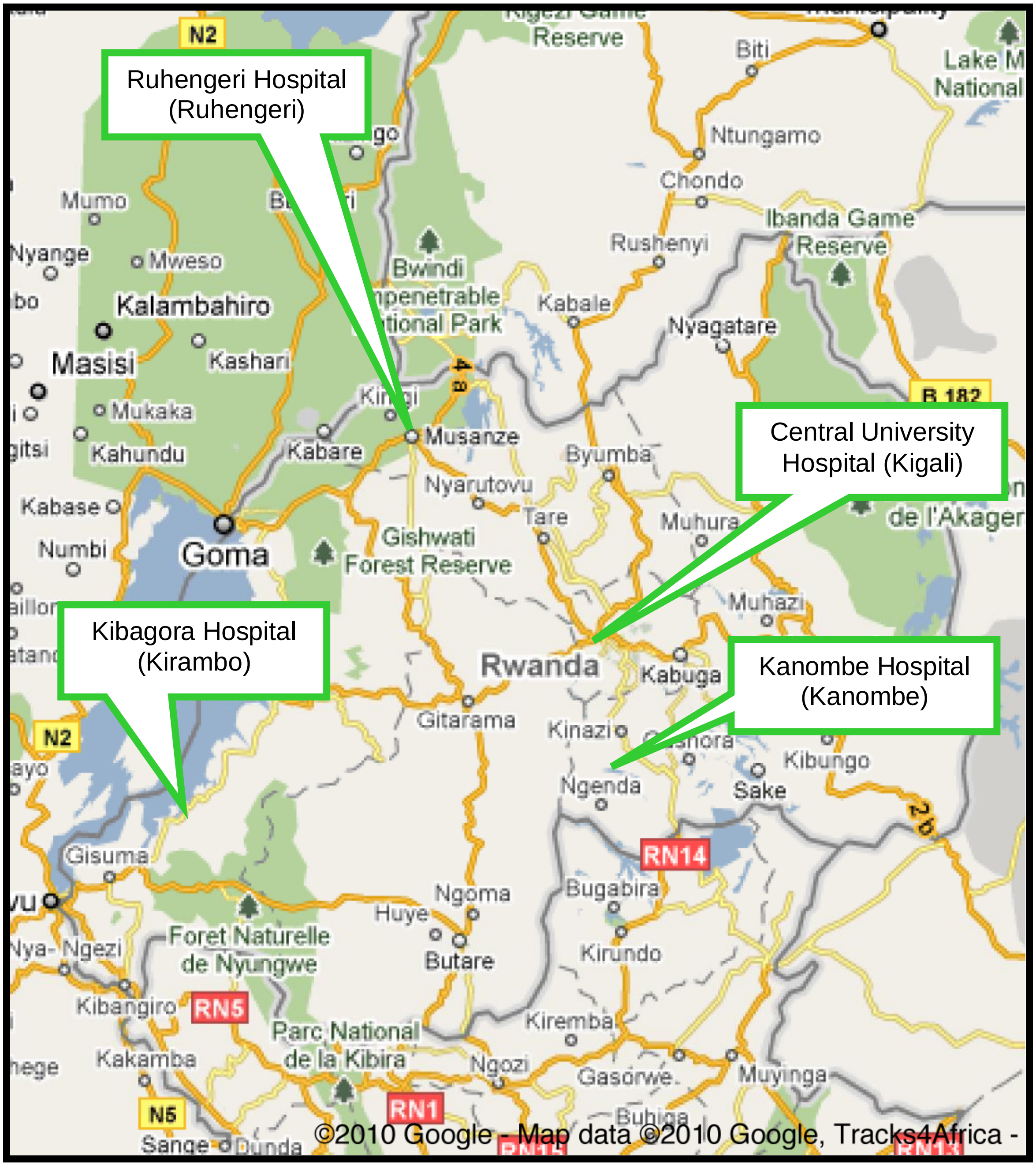
[41] Data collection for family planning was difficult for some sites due to communication issues with the FP coordinator and staff strikes, missing data from 7 sites will be reported in the third quarter.
[42] Laure does not provide family planning.

Table NIG6. Obstetric Services, by site. October 2012 – March 2013, Nigeria[43]

Obstetric Services	Argungu General Hospital	Faridat Yakuba	GH Ogoja	Kamba	Maiyama General Hospital	Maryam Abacha	Sobi	Country Total
Number of vaginal deliveries	355	219	307	191	136	799	150	**2,212**
Number of C sections	10	20	29	8	9	32	17	**125**
Total Number of deliveries	**365**	**239**	**336**	**199**	**145**	**831**	**167**	**2,337**
Percent deliveries by C section	3%	8%	9%	4%	6%	4%	10%	**5%**

[43] Data collection in the first two quarters was difficult due to communication issues with the FP coordinator. Data is available for only the first quarter for Faridat Yakuba. Data is available only for the second quarter for Argungu GH, GH Jega, Kamba GH, Maiyama GH, and Sobi.

RWANDA



Ruhengeri Hospital (Ruhengeri)
Central University Hospital (Kigali)
Kibagora Hospital (Kirambo)
Kanombe Hospital (Kanombe)
Rwanda
Goma
Masisi
Kalambahiro
Musanze
Byumba
Gitarama
Butare
Kabale
Nyagatare
Gishwati Forest Reserve
Bwindi
Foret Naturelle de Nyungwe
Parc National de la Kibira
Ibanda Game Reserve
RN14
RN5
RN1
N2
N5
©2010 Google - Map data ©2010 Google, Tracks4Africa -

PROGRAM ACHIEVEMENT SNAPSHOT RWANDA	
Reporting Period	FY 12-13: October 2012 – March 2013
Characteristic	**Description**
Start Date	March 2006 through the ACQUIRE Project
Supported Sites	Three public sector sites providing fistula repair: • Central University Hospital of Kigali (CHUK) • Ruhengeri District Hospital • Kanombe Hospital Support to Kibogora ended in FY12
Background	The Rwanda EngenderHealth office opened in 2009 and closed April 30, 2012 due to insufficent funding. One FC Senior Medical Associate remains in country to support the sub-recipients and to provide technical assistance to USAID/Rwanda and the MOH as needed; she also supports fistula activities in the region. Fistula Care works closely with the MOH and other in country partners to raise the visibility of the fistula program. At the request of the USAID/Rwanda mission, Fistula Care supported the Ministry of Health in a fistula site assessment to increase the availability of fistula services. Based on this assessment, in FY11 FC began support to one additional treatment site (Kibogora); limited support in training and equipment was provided to three prevention sites (Gahini, Kabgayi and Nyamata; these sites are not receiving ongoing support and therefore not counted as supported sites). The project trained one surgeon and nursing staff in fistula repair and care from Kibogora hospital; support to this site ended in FY12. In FY13 the project is continuing to support service delivery and staff training at CHUK and, Ruhengeri hospitals through sub-awards until June 15, 2013. Kanombe Hospital is undergoing construction and only providing essential services. While FC could not extend their subaward, the project will provide support to conduct training at the site.
Treatment strategies (Result 1)	The principal focus of FC's work in Rwanda is to increase surgeon capacity through training and strengthen facilities by providing equipment and supplies for fistula repair surgery. Though routine repairs have been initiated at two of the sites since 2009, the majority of repairs continue to be done through concentrated sessions which are crucial to continue advancing local capacity to address the backlog of cases, especially complex repairs. Currently, routine services are available at CHUK and Kanombe Military Hospital, though extensive renovations at both sites have interrupted service delivery. The surgeon trained at Ruhengeri has achieved competency to repair simple to medium complex cases and has now left Ruhengeri to join an Ob.Gyn master's program, based at CHUK. The project will continue to support a combined approach of routine services and organized sessions

PROGRAM ACHIEVEMENT SNAPSHOT RWANDA	
	to continue to build local capacity while reducing the backload of fistula cases. During FY13: • 19 women received fistula repairs, with an overall closed and dry rate of 95%. • 19 individuals were trained in infection prevention. • A surgeon trained by FC is now providing repairs at Butare.
Prevention strategies (Result 2)	No funded activities
Data utilization (Result 3)	No funded activities
Policy Work (Result 4)	Fistula Care is part of the National Safe Motherhood Technical Group (NSMTG) in Rwanda and serves as the chair of the Fistula Steering Committee through the Maternal Health task force. A draft National Fistula Strategy has been developed and is being reviewed by the MOH and the members of the NSMTG.

KEY INDICATORS SNAP SHOT RWANDA						
Reporting Period	FY 12-13: October 2012 – March 2013					
Characteristic	**Description**					
Indicators		**Oct-Dec**	**Jan Mar**	**Apr Jun**	**Jul Sep**	**Total**
Result 1: *Strengthen the capacity of centers to provide quality services to repair and care for women with obstetric and traumatic gynecologic fistula.*	# Repairs	11	8			19
	% women who had surgery who have closed fistula at discharge	100%	88%			95%
	% women who had surgery who experienced complications	0%	0%			0%
	# Surgeons Trained	0	0			0
	# other health trained	0	19			19
Result 2: *Enhance community and facility understanding and practices to prevent fistula, utilize and deliver services for emergency obstetric care and support women's reintegration.*	# community outreach events	0	0			0
	# persons reached in community outreach	0	0			0
	# births	1,577	1,601			3,178
	% of births c section	38%	59%			48%
Result 3: *Gather, analyze, utilize and report data to improve the quality and performance of fistula services.*	% sites reviewing reporting quarterly data	100%	100%			
Result 4: *Strengthen a supportive environment to institutionalize fistula prevention, repair and reintegration programs.*	# of facilities using FC products	3	3			3
Data Trends and Explanations	• All subawards ended September 2012 and it took two months or more to extended them to June 2013. During that time, only fistula repairs could be performed with no training activity taking place. • During the first quarter, both fistula surgeons at Ruhengeri left the site. A new fistula surgeon was appointed as director of the Hospital in December 2013. No repairs were supported by FC at Ruhengeri during the second quarter, though a Swiss team came and carried out a repair session for 14 women. • A concentrated repair effort planned for the second quarter at Kanombe was delayed due to subaward delays.					

Table RWA 1. Clinical Indicators by Site, October 2012 – March 2013, Rwanda

	CHUK			Kanombe		
Fistula Treatment Indicators	**Oct-Dec**	**Jan-Mar**	**FY Total**	**Oct-Dec**	**Jan-Mar**	**FY Total**
No. seeking FRS	4	3	7	8	6	14
No. requiring FRS	3	3	6	8	5	13
No. receiving FRS	**3**	**3**	**6**	**7**	**5**	**12**
Percent receiving FRS	**100%**	**100%**	**100%**	**88%**	**100%**	**92%**
Type of FRS performed						
---------- urinary only	2	0	2	4	4	8
---------- urinary & RVF	0	0	0	0	0	0
---------- RVF only	1	3	4	3	1	4
---------- first repair	2	0	2	3	3	6
---------- second repair	0	0	0	1	1	2
---------- >2	0	0	0	0	0	0
% women w/ 1st repair (urinary only)	**100%**	**0%**	**100%**	**75%**	**75%**	**75%**
No. discharged after FRS (urinary only)	2	0	2	4	4	8
No. discharged after FRS (urinary & RVF)	0	0	0	0	0	0
No. discharged after FRS (RVF only)	1	3	4	3	1	4
Total no. discharged after FRS	**3**	**3**	**6**	**7**	**5**	**12**
No. not discharged after FRS	0	0	0	0	0	0
Outcome of FRS (urinary only & urinary/RVF)						
---No. with closed fistula who are dry	2	0	2	4	3	7
---No. with closed fistula & stress incontinence	0	0	0	0	0	0
---------- No. whose fistula was not closed	0	0	0	0	1	1
% closed fistula who are dry (urinary only & urinary/RVF)	**100%**	**0%**	**100%**	**100%**	**75%**	**88%**
Outcome of FRS (RVF only)						
-----closed and dry	1	3	4	3	1	4
----incontinent with water stool and /or flatus (gas)	0	0	0	0	0	0
---------- incontinent with firm stool	0	0	0	0	0	0
% with closed and dry fistula (RVF only)	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**
% with closed and dry fistula (urinary, urinary/RVF, RVF)	**100%**	**100%**	**100%**	**100%**	**80%**	**92%**
No. with complications after FRS	0	0	0	0	0	0
-- Major surgical complications	0	0	0	0	0	0
---Anesthesia-related complication	0	0	0	0	0	0
- Post-operative complication related to perceived success of surgery	0	0	0	0	0	0
Percent with complications after FRS	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**

	Ruhengeri			Country Total		
Fistula Treatment Indicators	**Oct-Dec**	**Jan-Mar**	**FY Total**	**Oct-Dec**	**Jan-Mar**	**FY Total**
No. seeking FRS	3	0	3	15	9	24
No. requiring FRS	1	0	1	12	8	20
No. receiving FRS	**1**	**0**	**1**	**11**	**8**	**19**
Percent receiving FRS	**100%**	**0%**	**100%**	**92%**	**100%**	**95%**
Type of FRS performed						
---------- urinary only	1	0	1	7	4	11
---------- urinary & RVF	0	0	0	0	0	0
---------- RVF only	0	0	0	4	4	8
'Urinary only' or 'Urinary and RVF' repairs						
---------- first repair	0	0	0	5	3	8
---------- second repair	1	0	1	2	1	3
---------- >2	0	0	0	0	0	0
% women with first repair (urinary only)	**0%**	**0%**	**0%**	**71%**	**75%**	**73%**
No. discharged after FRS (urinary only)	1	0	1	7	4	11
No. discharged after FRS (urinary & RVF)	0	0	0	0	0	0
No. discharged after FRS (RVF only)	0	0	0	4	4	8
Total no. discharged after FRS	**1**	**0**	**1**	**11**	**8**	**19**
No. not discharged after FRS	0	0	0	0	0	0
Outcome of FRS (urinary only & urinary/RVF)						
-- No. with closed fistula who are dry	1	0	1	7	3	10
-- No. with closed fistula & stress incontinence	0	0	0	0	0	0
---No. whose fistula was not closed	0	0	0	0	1	1
Percent with closed fistula who are dry (urinary only & urinary/RVF)	**100%**	**0%**	**100%**	**100%**	**75%**	**91%**
Outcome of FRS (RVF only)						
---closed and dry	0	0	0	4	4	8
-- incontinent with water stool and /or flatus (gas)	0	0	0	0	0	0
---------- incontinent with firm stool	0	0	0	0	0	0
% with closed and dry fistula (RVF only)	**0%**	**0%**	**0%**	**100%**	**100%**	**100%**
% with closed and dry fistula (urinary, urinary/RVF, RVF)	**100%**	**0%**	**100%**	**100%**	**88%**	**95%**
No. with complications after FRS	0	0	0	0	0	0
-----Major surgical complications	0	0	0	0	0	0
---- Anesthesia-related complication	0	0	0	0	0	0
--- Post-operative complication related to perceived success of surgery	0	0	0	0	0	0
Percent with complications after FRS	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**

Table RWA 2. Number of Persons Trained by Topic, October 2012 – March 2013, Rwanda

Training Topic	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	FY Total
CHUK					
Infection Prevention	0	19			**19**
Total	**0**	**19**			**19**

Table RWA 3. Number of FP Clients by Method and Number Counseled about FP, by Site, October 2012 – March 2013, Rwanda.

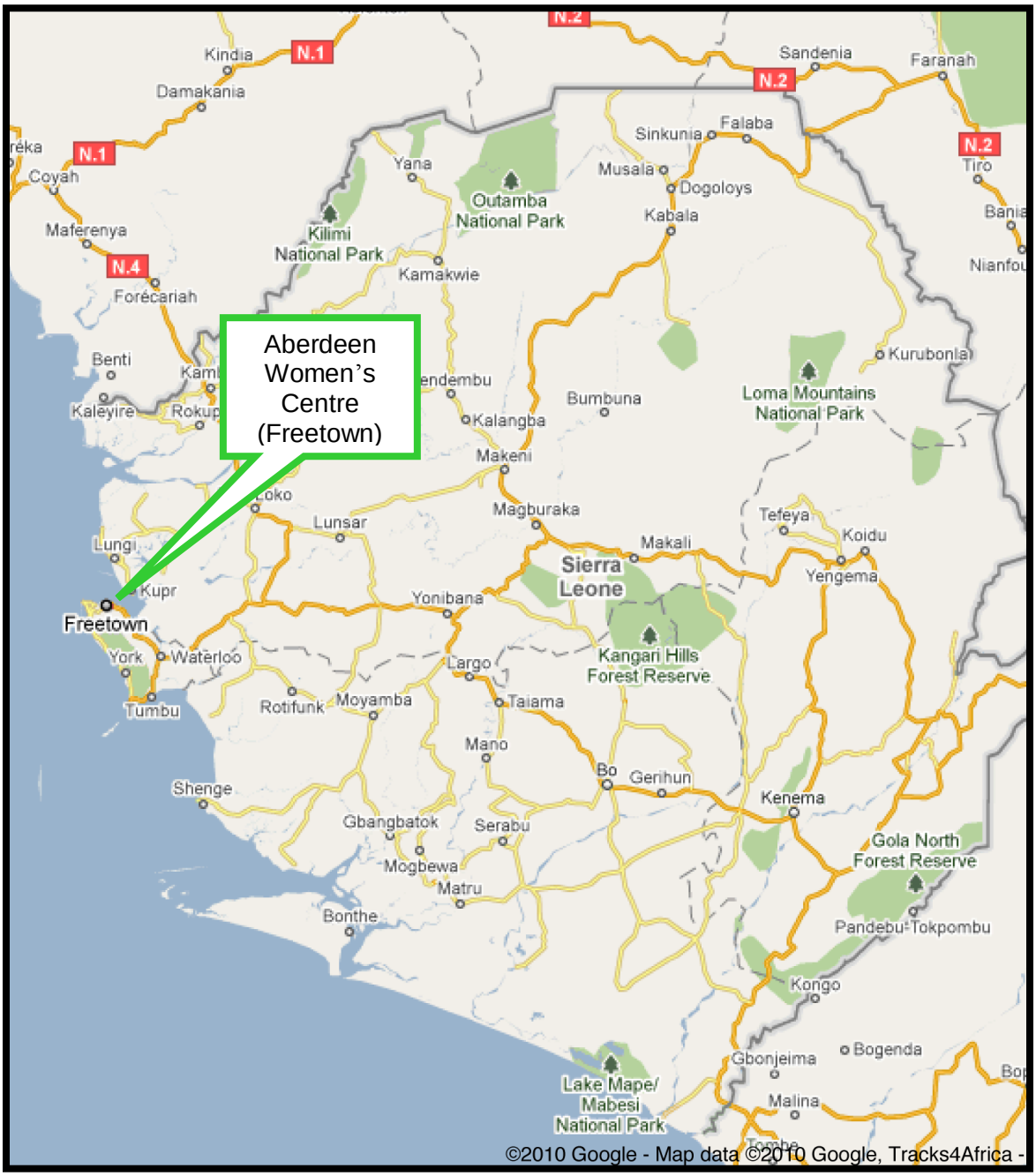
	CHUK	Kanombe[44]	Ruhengeri	Country Total
Fistula FP Methods	**FY Total**	**FY Total**	**FY Total**	**FY Total**
Oral Pill	0	0	149	**149**
IUCD	36	0	3	**39**
Condom (male)	0	0	0	**0**
Condom (female)	0	0	0	**0**
Injectable	0	0	105	**105**
Implant	8	0	14	**22**
Tubal Ligation	5	5	4	**14**
Vasectomy	1	0	0	**1**
Foaming Tablets	0	0	0	**0**
Total FP acceptors	**50**	**5**	**275**	**330**
Total Number of clients counseled about FP methods	59	9	308	**376**

Table RWA 4. Obstetric Services, by site. October 2012 – March 2013, Rwanda.

	CHUK	Kanombe	Ruhengeri	Country Total
Obstetric Services	**FY Total**	**FY Total**	**FY Total**	**FY Total**
Number of vaginal deliveries	474	57	1107	**1638**
Number of C sections	473	48	1019	**1540**
Total Number of deliveries	**947**	**105**	**2126**	**3178**
Percent deliveries by C section	50%	46%	48%	**48%**

[44] There was no family planning provision at Kanombe during the first quarter due to construction at the site.

SIERRA LEONE



PROGRAM ACHIEVEMENT SNAPSHOT SIERRA LEONE	
Reporting Period	FY 12-13: October 2012 – March 2013
Characteristic	**Description**
Start Date	January 2007 through the ACQUIRE Project
Supported Sites	The Aberdeen Women's Centre (AWC, formerly known as the Aberdeen West Africa Fistula Centre)
Background	The AWC opened in April 2005 under the management of Mercy Ships International. In 2010 Mercy Ships transferred its authority over AWC to the Gloag Foundation (TGF). AWC provides gynaecological surgeries for childbirth injuries, maternity services, and outpatient care for children. Fistula Care supports a portion of the fistula repair unit and maternity's running costs. While the number of repairs has increased over time, it is unlikely that the backlog of women needing repair has been adequately addressed, AWC has leveraged resources from other sources to raise awareness and identify fistula clients through a telephone hotline.
Treatment strategies (Result 1)	Fistula surgery is normally provided four days a week by the resident surgeon, Dr. Tagie Gbawuru-Mansaray. In the second quarter of FY12/13, the MOHS posted a second surgeon to work alongside Dr. Tagie and has begun training in fistula repair. A visiting international surgeon provides additional support, especially for complex repairs. Two physiotherapy nurses work with patients in-house. During FY13: • 73 women received repairs, with a closed and dry rate of 56%. • HAIKAL (a local NGO and UNFPA implementing partner) has made a post-repair hostel available to women who have received surgery at AWC. • Dr. Tagie received continuing training, as well as training for trainers. • EngenderHealth/Fistula Care staff conducted fistula counseling training for 29 staff members.
Prevention strategies (Result 2)	In January 2012 Fistula Care published a technical brief about the May 2010 launch of the maternity unit. The content was subsequently adapted and published in March 2013 in the *Midwifery* MDG special issue. Since December 2010, AWC directly provides family planning services to patients in both the repair and obstetrics programs. In-house advocacy workshops, in collaboration with Health Poverty Action, are regularly conducted to enable women receiving repairs to become advocates for fistula prevention in their communities when they return home. During FY13: • AWC has the capacity to provide all former fistula patients with a planned caesarean delivery. These patients are encouraged to attend the centre for all antenatal visits and be admitted at around 37 week's gestation until they deliver. In the first two quarters of FY13, there have been 16 patients who returned to use this service. • On-going collaboration takes place with three local NGOs to facilitate outreach and screening in different geographic areas. • Family planning services have now been incorporated into the screening and sensitization trips in order to awareness, counseling and method provision to the communities that AWC visit. • Advocacy training, carried out in partnership with Health Poverty Action,

PROGRAM ACHIEVEMENT SNAPSHOT SIERRA LEONE	
	was conducted with 72 repaired women. The training helps women to be able to return to their communities to speak about fistula, encourage women to seek antenatal care and to seek timely care during labor, and to engage with community leaders about their role in advocating for healthy pregnancy and childbirth practices
Data utilization (Result 3)	AWC is one of eight participating hospitals in the RCT study on short term catheterization.. The study is expected to be completed by July 2013. For more information, see Result 3 under the global section of this report. During FY13, three staff members were trained in Data for Decision Making.
Policy work (Result 4)	AWC participates in the national task force for VVF, which is led by the MOH. The task force has worked on a National Strategy for VVF in Sierra Leone. In November 2012, VVF National Strategy meetings were started again by the Reproductive Health program manager. The draft has not yet been finalized.

KEY INDICATORS SNAP SHOT SIERRA LEONE						
Reporting Period	FY 12-13: October 2012-March 2013					
Characteristic	**Description**					
Indicators		**Oct-Dec**	**Jan Mar**	**Apr Jun**	**Jul Sep**	**Total**
Result 1: *Strengthen the capacity of centers to provide quality services to repair and care for women with obstetric and traumatic gynecologic fistula.*	# Repairs	12	61			73
	% women who had surgery who have closed fistula at discharge	40%	69%			56%
	% women who had surgery who experienced complications	3%	2%			2%
	# Surgeons Trained	0	2			2
	# other health trained	27	29			29
Result 2: *Enhance community and facility understanding and practices to prevent fistula, utilize and deliver services for emergency obstetric care and support women's reintegration.*	# community outreach events	7	5			12
	# persons reached in community outreach	34	38			72
	# births	253	196			449
	% of births c section	23%	18%			21%
Result 3: *Gather, analyze, utilize and report data to improve the quality and performance of fistula services.*	% sites reviewing reporting quarterly data	100%	100%			
Result 4: *Strengthen a supportive environment to institutionalize fistula prevention, repair and reintegration programs.*	# of facilities using FC products	1	1			1
Data Trends and Explanations	National general elections were held in November 2012, which entailed security measures being put into place prior to the election. As a result, services were scaled down during this period to ensure maximum safety for both staff and patients.					

Table SRL1. Clinical Indicators, Aberdeen Women's Center, by Quarter, October 2012-March 2013

	Aberdeen		
Fistula Treatment Indicators	**Oct-Dec**	**Jan-Mar**	**FY Total**
No. seeking FRS	44	70	114
No. requiring FRS	29	48	77
No. receiving FRS	**12**	**61**	**73**
Percent receiving FRS	**41%**	**127%**	**95%**
Type of FRS performed			
---------- urinary only	12	59	71
---------- urinary & RVF	0	1	1
---------- RVF only	0	1	1
For 'Urinary only' or 'Urinary and RVF' repairs			
---------- first repair	8	41	49
---------- second repair	4	17	21
---------- >2	0	2	2
Percent women with first repair (urinary only)	**67%**	**68%**	**68%**
No. discharged after FRS (urinary only)	33	50	83
No. discharged after FRS (urinary & RVF)	1	1	2
No. discharged after FRS (RVF only)	1	0	1
Total no. discharged after FRS	**35**	**51**	**86**
No. not discharged after FRS	0	10	10
Outcome of FRS (urinary only & urinary/RVF)			
---------- No. with closed fistula who are dry	13	35	48
---------- No. with closed fistula & stress incontinence	15	16	31
---------- No. whose fistula was not closed	6	0	6
Percent with closed fistula who are dry (urinary only & urinary/RVF)	**38%**	**69%**	**56%**
Outcome of FRS (RVF only)			
---------- closed and dry	1	0	1
---------- incontinent with water stool and /or flatus (gas)	0	0	0
---------- incontinent with firm stool	0	0	0
Percent with closed and dry fistula (RVF only)	**100%**	**0%**	**100%**
Percent with closed and dry fistula (urinary, urinary/RVF, RVF)	**40%**	**69%**	**57%**
No. with complications after FRS	1	1	2
-------Major surgical complications	1	0	1
------Anesthesia-related complication	0	0	0
------Post-operative complication related to perceived success of surgery	1	1	2
Percent with complications after FRS	**3%**	**2%**	**2%**

Table SRL2. Number of Persons Trained by Topic, October 2012 – March 2013, Sierra Leone

Training Topic	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	FY Total
First training in surgical repair	0	1			1
Continuing training in surgical repair	0	1			1
Data for Decision Making	3	0			3
Fistula counseling	0	29			29
OJT sessions for nursing staff by topic					
Communication skills	8	0			8
CPR	16	0			16
Family planning	3	0			3
Child protection	10	0			10
Infection control and episiotomy	6	8			14
AMSTL	5	0			5
Partograph	5	4			9
Assisted delivery	0	4			4
Postpartum hemorrhage	0	12			12
Shoulder dystocia	0	5			5
Newborn care	0	5			5
Totals	**27**[45]	**31**[46]			**31**

[45] On the job training involves the same pool of staff, so a total of 27 individuals are reported as having received training.
[46] On the job training involves the same pool of staff, so a total of 27 individuals are reported as having received training, in addition to the surgeons trained and two additional staff members receiving fistula counseling training.

Table SRL 3. Number of Community Outreach Events and Persons Reached, October 2012 - March 2013, Sierra Leone

Event Type	Oct-Dec		Jan-Mar		Apr-Jun		Jul-Sep		FY Total	
	Events	Persons Reached	Events	Persons Reached	Events	Persons Reached	Events	Persons Reached	Events	Persons Reached
Advocacy training	7	34	5	38					**12**	**72**
Total	**7**	**34**	**5**	**38**					**12**	**72**

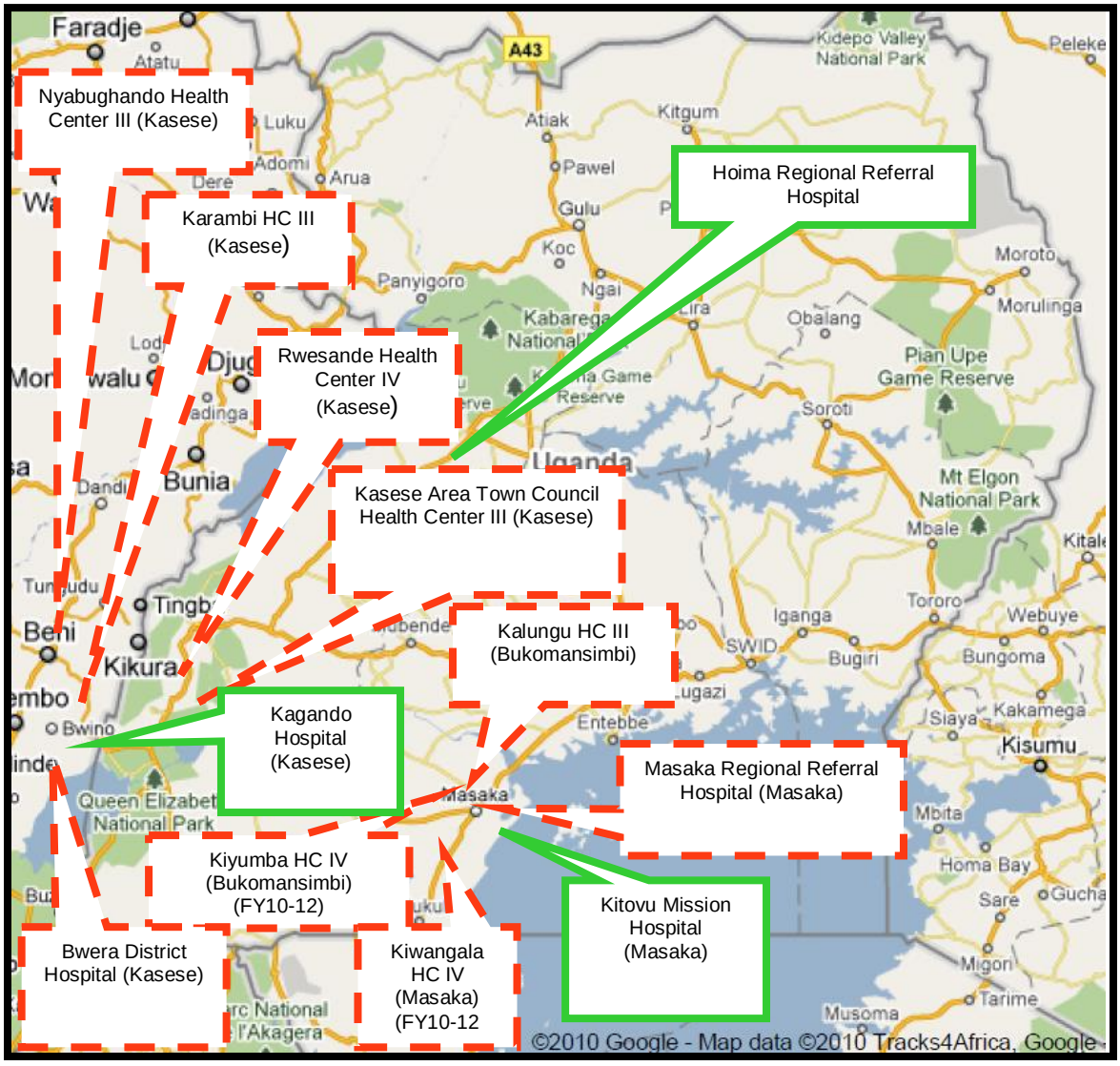
Table SRL 4. Number of FP Clients by Method and Number Counseled about FP, by site. October 2012 – March 2013, Sierra Leone

	Aberdeen Women's Centre				
Fistula FP Methods	**Oct-Dec**	**Jan-Mar**	**Apr-June**	**July-Sep**	**FY Total**
Oral Pill	50	60			**110**
IUCD	0	0			**0**
Condom (male)	2	21			**23**
Condom (female)	25	0			**25**
Injectable	79	84			**163**
Implant	26	34			**60**
Tubal Ligation	5	5			**10**
Vasectomy	0	0			**0**
Foaming Tablets	0	0			**0**
Total FP acceptors	**187**	**204**			**391**
Total Number of clients counseled about FP methods	197	258			**455**

Table SRL 5. Obstetric Services. October 2012 – March 2013, Sierra Leone

	Aberdeen				
Obstetric Services	**Oct-Dec**	**Jan-Mar**	**Apr-June**	**July-Sep**	**FY Total**
Number of vaginal deliveries	194	160			**354**
Number of C sections	59	36			**95**
Total Number of deliveries	**253**	**196**			**449**
Percent deliveries by C section	23%	18%			**21%**

UGANDA


Nyabughando Health Center III (Kasese)
Karambi HC III (Kasese)
Rwesande Health Center IV (Kasese)
Hoima Regional Referral Hospital
Kasese Area Town Council Health Center III (Kasese)
Kalungu HC III (Bukomansimbi)
Kagando Hospital (Kasese)
Masaka Regional Referral Hospital (Masaka)
Kiyumba HC IV (Bukomansimbi) (FY10-12)
Bwera District Hospital (Kasese)
Kiwangala HC IV (Masaka) (FY10-12
Kitovu Mission Hospital (Masaka)
Faradje
Atatu
A43
Kidepo Valley National Park
Peleke
Luku
Adomi
Arua
Atiak
Kitgum
Pawel
Gulu
Koc
Ngai
Panyigoro
Kabarega National
Lira
Obalang
Moroto
Morulinga
Pian Upe Game Reserve
Soroti
Mt Elgon National Park
Mbale
Bunia
Dandi
Tingb
Beni
Kikura
Bwino
Queen Elizabet National Park
Entebbe
Masaka
Iganga
SWID
Bugiri
Tororo
Webuye
Bungoma
Siaya
Kakamega
Kisumu
Mbita
Homa Bay
Sare
Migori
Tarime
Musoma
©2010 Google - Map data ©2010 Tracks4Africa, Google

PROGRAM ACHIEVEMENT SNAPSHOT UGANDA	
Reporting Period	FY 12-13: October 2012 – March 2013
Characteristic	**Description**
Start Date	January 2005 through the ACQUIRE Project
Supported Sites	Three facilities for prevention and treatment: • Kitovu Mission Hospital in Masaka, • Kagando Mission Hospital in Kasese, • Hoima Regional Referral Hospital (public sector) Seven prevention-only sites (public sector): • Masaka area: Masaka RR Hospital and Kalungu HC III • Kasese area: Bwera Hospital, Rwesande HC IV, Karambi HC III, Nyabugando HC III and City Council HC III. Support to prevention sites Kiwangala and Kiyumba ended at the end of FY12 due to budget limitations.
Background	USAID support for the two faith based hospitals (Kagando and Kitovu) began prior to the start of FC. A third repair site, Hoima Regional Referral Hospital, was added in FY12. In FY10, in consultation with the MOH, nine health facilities were selected in which to focus support for fistula prevention services. These health centers provide family planning and safe delivery services and refer fistula patients to treatment sites.
Treatment strategies (Result 1)	During FY13: • 339 repairs were supported, with an overall closed and dry rate of 86%. • Three surgeons participated in training for fistula repair: one in first training and two in continuing training. • To promote sustainability of medical monitoring in health facilities, Fistula Care Uganda worked closely with the MOH to organize and conduct medical monitoring visit to 5 supported sites. • Infection prevention training was carried out for 25 health workers.
Prevention strategies (Result 2)	Prevention activities include FP, EmOC and community outreach at all supported sites. During FY13: • Kagando and Kitovu received an assortment of maternal health equipment including delivery kits, C-section kits, blood pressure machines, ureteric catheters, autoclaves, patient trolleys and suction machines. Other equipment for fistula prevention interventions included stethoscopes, wall clocks, fetoscopes, ward screens, vaginal specula and bulb suckers. • Working with the MOH and Ministry of Education and Sports (MOE&S), a three day TOT for pre-service midwifery tutors and clinical instructors was conducted in Masaka to update/ orient them on the revised MOH partograph. The trained tutors will be used by the MOE&S to cascade partograph training to other midwifery tutors and clinical instructors and in the long run institutionalize partograph training in the midwifery curriculum. • Quarterly review meetings were held with VHT leaders and village local chairpersons to discuss achievements and challenges. • Whole site mentoring and coaching was carried out at Karambi HCIII

PROGRAM ACHIEVEMENT SNAPSHOT UGANDA	
	with a focus on FP integration.
Data utilization (Result 3)	Uganda participated in two global research studies—prospective observational study on outcomes of repairs and the retrospective cesarean record review. Both studies were completed in FY10. A national research dissemination workshop on the prospective study was held in May 2012. Kagando Hospital is one of eight participating hospitals in the RCT study on short-term catheterization. See Result 3 in the global section of this report for an update about the study. The study is expected to be completed by July 2013. During FY13: • DDM training was carried out with a total of 45 health care staff at supported sites. • Hoima Regional Referral Hospital was supported to establish a data review committee, comprised of representatives from each of the departments/units within the hospital. The committee will meet once every quarter to look at the data collected over that period, identify strengths and weaknesses (including data quality issues) and determine how to use it for service delivery decision making. Terms of reference for facility data review committees (DRCs) were developed.
Policy Work (Result 4)	The project collaborates with the National Fistula Technical Working Group (FTWG), which is comprised of all stakeholders implementing fistula work in Uganda. The project also initiated the Fistula Partnership Forum in FY10, in collaboration with UNFPA and AMREF. The aim of the forum is to maximize resources for fistula prevention and treatment. A technical brief about the work of the FTWG was published in March 2013. During FY13: • FC participated in a stakeholder's consultative meeting in collaboration with UNFPA to plan the review process of the National Midwifery Curriculum. • The Ugandan Ministry of Health started using Fistula Care data collection tools, adapted to the Ugandan context by the MOH/FTWG. These include excel sheets for capturing data on fistula surgeries, additional surgeries, training, obstetrics and re-integration services. In addition, four new fistula-related indicators were included in the HMIS of the MOH. • FC supported the MOH's efforts to organize an advocacy breakfast meeting with members of parliament to increase their awareness about obstetric fistula and to discuss with them strategies for decreasing the incidence and mobilizing resources for treatment and care services. The meeting was attended by over 100 participants including MPs, Ministry of Health officials, UNFPA representatives and the media.

KEY INDICATORS SNAP SHOT UGANDA						
Reporting Period	FY 12-13: October 2012 – March 2013					
Characteristic	**Description**					
Indicators		**Oct-Dec**	**Jan Mar**	**Apr Jun**	**Jul Sep**	**Total**
Result 1: *Strengthen the capacity of centers to provide quality services to repair and care for women with obstetric and traumatic gynecologic fistula.*	# Repairs	99	240			**339**
	% women who had surgery who have closed fistula at discharge	87%	86%			**86%**
	% women who had surgery who experienced complications	2%	4%			**3%**
	# Surgeons Trained	0	3			**3**
	# other health trained	112	51			**163**
Result 2: *Enhance community and facility understanding and practices to prevent fistula, utilize and deliver services for emergency obstetric care and support women's reintegration.*	# community outreach events	643	0			**643**
	# persons reached in community outreach	13,328	0			**13,328**
	# births	5,439	5,476			**10,915**
	% of births c section	26%	27%			**26%**
Result 3: *Gather, analyze, utilize and report data to improve the quality and performance of fistula services.*	% sites reviewing reporting quarterly data	0%	0%			
Result 4: *Strengthen a supportive environment to institutionalize fistula prevention, repair and reintegration programs.*	# of facilities using FC products	10	10			**10**
Data Trends and Explanations	In the first quarter of FY13, there was a reduction in number of repairs because the subawards were delayed. In the second quarter, intensive outreach efforts and organized concentrated repair sessions resulted in an increase in number of repairs. At Kagando, many women were repeat and difficult cases which impacted outcomes.					

Table UGA 1. Clinical Indicators by Site, October 2012 – March 2013, Uganda

	Kagando			Kitovu			Country Total		
Fistula Treatment Indicators	**Oct-Dec**	**Jan-Mar**	**FY Total**	**Oct-Dec**	**Jan-Mar**	**FY Total**	**Oct-Dec**	**Jan-Mar**	**FY Total**
No. seeking FRS	55	205	260	95	158	253	150	363	513
No. requiring FRS	43	136	179	56	132	188	99	268	367
No. receiving FRS	**43**	**135**	**178**	**56**	**105**	**161**	**99**	**240**	**339**
Percent receiving FRS	**100%**	**99%**	**99%**	**100%**	**80%**	**86%**	**100%**	**90%**	**92%**
Type of FRS performed									
---------- urinary only	33	94	127	40	61	101	73	155	228
---------- urinary & RVF	0	6	6	0	2	2	0	8	8
---------- RVF only	10	35	45	16	42	58	26	77	103
For 'Urinary only' or 'Urinary and RVF' repairs									
---------- first repair	28	68	96	36	49	85	64	117	181
---------- second repair	2	20	22	0	8	8	2	28	30
---------- >2	3	12	15	4	6	10	7	18	25
Percent women with first repair (urinary only)	**85%**	**68%**	**72%**	**90%**	**78%**	**83%**	**88%**	**72%**	**77%**
No. discharged after FRS (urinary only)	27	84	111	40	61	101	67	145	212
No. discharged after FRS (urinary & RVF)	0	5	5	0	2	2	0	7	7
No. discharged after FRS (RVF only)	10	31	41	16	42	58	26	73	99
Total no. discharged after FRS	**37**	**120**	**157**	**56**	**105**	**161**	**93**	**225**	**318**
No. not discharged after FRS	6	15	21	0	0	0	6	15	21
Outcome of FRS (urinary only & urinary/RVF)									
---------- No. with closed fistula who are dry	20	65	85	37	57	94	57	122	179
---------- No. with closed fistula & stress incontinence	1	9	10	3	6	9	4	15	19
---------- No. whose fistula was not closed	6	15	21	0	0	0	6	15	21
Percent with closed fistula who are dry (urinary only & urinary/RVF)	**74%**	**73%**	**73%**	**93%**	**90%**	**91%**	**85%**	**80%**	**82%**
Outcome of FRS (RVF only)									

	Kagando			Kitovu			Country Total		
Fistula Treatment Indicators	**Oct-Dec**	**Jan-Mar**	**FY Total**	**Oct-Dec**	**Jan-Mar**	**FY Total**	**Oct-Dec**	**Jan-Mar**	**FY Total**
---------- closed and dry	8	30	38	16	42	58	24	72	96
---------- incontinent with water stool and /or flatus (gas)	2	0	2	0	0	0	2	0	2
---------- incontinent with firm stool	0	1	1	0	0	0	0	1	1
Percent with closed and dry fistula (RVF only)	**80%**	**97%**	**93%**	**100%**	**100%**	**100%**	**92%**	**99%**	**97%**
Percent with closed and dry fistula (urinary, urinary/RVF, RVF)	**76%**	**79%**	**78%**	**95%**	**94%**	**94%**	**87%**	**86%**	**86%**
No. with complications after FRS	2	7	9	0	1	1	2	8	10
---------- Major surgical complications	1	4	5	0	1	1	1	5	6
---------- Anesthesia-related complication	1	3	4	0	0	0	1	3	4
---------- Post-operative complication related to perceived success of surgery	0	0	0	0	0	0	0	0	0
Percent with complications after FRS	**5%**	**6%**	**6%**	**0%**	**1%**	**1%**	**2%**	**4%**	**3%**

Table UGA 2. Number of Persons Trained by Topic, October 2012 – March 2013, Uganda

Training Topic	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	FY Total
Kitovu					
Continuing training in fistula repair	0	1			**1**
First Training in fistula repair[47]	0	1			**1**
Hoima					
DDM	19	0			**19**
Kagando					
Infection prevention	0	25			**25**
Kasese					
Community mobilization for maternal health services	74	0			**74**
Data for decision making	0	26			**26**
Masaka					
Fistula counseling	5	0			**5**
Partograph TOT	14	0			**14**
Continuing training in fistula repair	0	1			**1**
Total	**112**	**54**			**166**

[47] Training for a surgeon base at Kumi Hospital.

Table UGA 3. Community Outreach Efforts and Numbers Reached,October 2012 – March 2013, Uganda

Event Type	Oct-Dec		Jan-Mar		Apr-Jun		Jul-Sep		FY Total	
	Events	Persons Reached	Events	Persons Reached	Events	Persons Reached	Events	Persons Reached	Events	Persons Reached
Karambi site walk through	1	80	0	0					1	80
Karambi community outreach	642	13,248	0	0					642	13,248
Total	**643**	**13,328**	**0**	**0**					**643**	**13,328**

Table UGA 4. Number of Clients by Method and Number counseled abut FP, by Site. October 2012 – March 2013, Uganda

FP Methods	Bwera	Hoima	Kagando	Kalungu	Karambi	Kitovu	Masaka RRH	Nyabugando	Rwesande	Town Council HC III	Country Total
Oral Pill	499	136	100	5	42	0	133	9	22	83	**1029**
IUCD	2	407	22	0	9	0	51	0	54	59	**604**
Condom (male)	690	102	893	0	7	0	26	9	0	13	**1740**
Condom (female)	0	0	0	0	0	0	0	0	0	0	**0**
Injectable	685	414	217	143	262	0	972	79	146	325	**3243**
Implant	233	114	163	0	81	0	131	80	133	85	**1020**
Tubal Ligation	33	4	21	0	0	0	24	6	8	7	**103**
Vasectomy	1	0	1	0	0	0	0	0	0	3	**5**
Foaming Tablets	0	0	0	0	0	0	0	0	0	0	**0**
Total FP acceptors	**2143**	**1177**	**1417**	**148**	**401**	**0**	**1337**	**183**	**363**	**575**	**7744**
Total Number of clients counseled about FP methods[48]	643	543	234	199	201	413	609	134	368	199	**3543**

[48] For many sites, counseling numbers are not accurately recorded, so are reported as n/a, which means the numbers are significantly lower than the number of acceptors.

Table UGA 5. Obstetric Services, by Site. October 2012 – March 2013, Uganda

Obstetric Services	Bwera	Hoima	Kagando	Kalungu	Karambi	Kitovu	Masaka RRH	Nyabugando	Rwesande	Town Council HCIII	Country Total
Number of vaginal deliveries	1342	1,795	510	178	442	416	3,089	111	42	113	**8,038**
Number of C sections	432	657	424	0	0	319	1,024	0	21	0	**2,877**
Total Number of deliveries	**1,774**	**2,452**	**934**	**178**	**442**	**735**	**4,113**	**111**	**63**	**113**	**10,915**
Percent deliveries by C section	24%	27%	45%	0%	0%	43%	25%	0%	33%	0%	**26%**

Annex 1. USAID Fistula Care Sites and Partners

As of March 31, 2013, sites ever supported through EngenderHealth or USAID bilateral projects and planned expansion in FY12/13, by country. This table has been updated with information about the sites in Mali which stopped receiving support from USAID in April 2012 but was restored in late 2012. The total counts reflect the number of sites which were actively providing treatment or prevention services at March 31, 2013 (countries/sites shaded in gray are no longer supported).

Country	Supported Sites (FY support began)	Type of Facility (NGO, FBO or public)	Current Repair sites[49]	Current Prevention only sites	In development[50]	No longer supported[51]
Bangladesh	Ad-Din Hospital, Dhaka (FY10)	NGO	X			
	Ad-Din Hospital, Jessore (FY10)	NGO	X			
	Kumudini Hospital (FY05)	NGO	X			
	LAMB Hospital (FY05)	FBO	X			
	Memorial Christian Hospital (FY05-FY09)[52]	FBO				X (T)
Benin	Mercy Ships - *Africa Mercy* (FY09)[53]	FBO				X (T)
DRC	HEAL Africa Hospital, Goma (FY06)	FBO	X			
	Panzi Hospital, Bukavu (FY07)	FBO	X			
	Imagerie des Grands Lacs (IGL)– Beni (FY11)	FBO	X			
	Maternite Sans Risque – Kindu (FY11)	FBO	X			
	St. Joseph's Hospital, Kinshasa (FY11)	FBO	X			
	Biamba Marie Mutombo Hospital, Kinshasa (FY11)	NGO	X			
	Centre Hospitalier de Kisenso , Kinshasa (FY13)[54]	FBO	X			
	Hopital General de reference du Ubundu, Oriental Province	FBO			X (T)	
	Sites supported through USAID DRC Bilateral awards[55]					
	Kaziba Reference Hospital (Sud Kivu) (FY12)	FBO	X			
	Katana (Sud- Kivu) (FY13)	FBO	X			
	Uvira (Sud Kivu) (FY12)	Public	X			
	Manika ((Katanga) (FY12)	Public			X	

[49] Most currently supported repair sites include one or more fistula prevention interventions such as family planning counseling and information and/or services or provision of maternity services (e.g., monitoring of deliveries with the partograph, cesarean delivery).
[50] (T): treatment for fistula repair; (P): prevention only
[51] We count Mercy Ships hospital ships (*Anastasis and Africa Mercy*) as one supported site. Sites no longer supported include treatment and prevention only sites.
[52] The fistula surgeon from this faith-based hospital returned to the United States and the site decided not to proceed with fistula services.
[53] In partnership with Mercy Ships, their floating hospital moved between ports approximately once a year. FC supported fistula surgery and training aboard the ship. The partnership with Mercy Ships ended in September 2010. In Benin, fistula services are provided at some UNFPA supported sites.
[54] Support began in FY13. This site is affiliated with St. Joseph's.
[55] Support through USAID/DRC bilateral project ProSani sites began in January 2012. Site locations by province are in parentheses.

Country	Supported Sites (FY support began)	Type of Facility (NGO, FBO or public)	Current Repair sites[49]	Current Prevention only sites	In development[50]	No longer supported[51]
	Malemba kulu (Katanga) (FY12)	Public	X			
	Kabongo (Katanga) (FY12)	Public	X			
	Luiza (Kasaï-Occidental) (FY12)	Public	X			
	Tshikaji (Kasaï-Occidental) (FY12)	FBO	X			
	Katako kombe (Kasaï-Oriental) (FY12)	FBO	X			
	Lodja (Kasaï-Oriental) (FY12)	Public	X			
	Kole (Kasaï-Oriental) (FY12)	FBO			X	
	Dibindi (Kasaï-Oriental) (FY12)	FBO			X	
	Mwene Ditu (Kasaï-Oriental) (FY12)	Public			X	
	Project AXxes (USAID Bilateral)(FY08-FY10)[56]	Public				X (T)
Ethiopia[57]	Arba Minch Hospital (USAID Bilateral) (FY10)	FBO				X (T)
	Bahir Dar Hamlin (USAID Bilateral) (FY06-FY12)	FBO				X (T)
	Mekelle Hamlin (USAID Bilateral) (FY08-FY12)	FBO				X (T)
	Yirga Alem Hamlin(USAID Bilateral) (FY08-FY12)	FBO				X (P)
	Adet Health Center (FY07)	Public		X		
	Dangla Health Center (FY07)	Public		X		
	Woreta Health Center (FY07)	Public		X		
	Tefera Hailu Hospital, Sekota (FY11)	Public		X		
Ghana	Mercy Ships – *Anastasis* (FY07)[58]	FBO				X (T)
Guinea	Ignace Deen University Teaching Hospital (FY06)[59]	Public		X		
	Jean Paul II Hospital, Conakry (FY08)	Public	X			
	Kissidougou District Hospital (FY06)	Public	X			
	Labé Regional Hospital (FY09)	Public	X			
	Boké Regional Hospital (FY10)	Public		X		
	Kindia Regional Hospital (FY10)	Public		X		
	Nzerekore Regional Hospital(FY10)	Public		X		
	Mamou Regional Hospital(FY10)	Public		X		
	Faranah Regional Hospital(FY10)	Public		X		

[56] This USAID bilateral project ended in FY10.

[57] USAID/Ethiopia support for repair and prevention activities at three Hamlin Fistula Ethiopia facilities (Bahir Dar, Mekelle, and Yirga Alem) ended in September 2012. In FY10 USAID/Ethiopia provided funds to Hamlin Fistula Ethiopia to support repairs at Arba Minch Hospital, a site supported by the Norwegian Church.

[58] See previous note about partnership with Mercy Ships.

[59] Beginning in FY11 support to Ignace Deen for fistula repair surgery ended due to limited bed space in the hospital. It is supported for prevention activities. Trained surgeons from Ignace Deen are being used for surgical sessions at other sites in Guinea on a periodic basis.

Country	Supported Sites (FY support began)	Type of Facility (NGO, FBO or public)	Current Repair sites[49]	Current Prevention only sites	In development[50]	No longer supported[51]
Liberia	Mercy Ships - *Africa Mercy*(FY08)[60]	FBO				X (T)
Mali[61]	Kayes Regional Hospital (FY 13)	Public	X			
	Sikasso Regional Hospital Regional (FY13)	Public	X			
	Mopti Regional Hospital (FY13; 1 quarter)	Public				X(T)[62]
	Gao Regional Hospital (FY09-FY12)	Public				X (T)
	Ansongo District Hospital(FY09-FY12	Public				X (P)
	Bourem District Hospital(FY09-FY12	Public				X (P)
	Ménaka District Hospital(FY09-FY12	Public				X (P)
	Gao District Hospital(FY09-FY12	Public				X (P)
Niger	Dosso Regional Hospital (FY08)	Public	X			
	Lamordé Hospital (Niamey) (FY07)	Public	X			
	Maradi Regional Hospital (FY08)	Public	X			
	Tassigui Maternity Hospital (Tahoua) (FY11)	Public	X			
	Zinder Central Maternity (FY13)[63]	Public	X			
	Issaka Gazoby Maternity Hospital (Niamey) (FY08)	Public		X		
	Téra District Hospital (FY11)	Public		X		
Nigeria	Babbar Ruga General Hospital (Katsina) (FY07)	Public	X			
	National Obstetric Fistula Ctr. Abakaliki [64] (Ebonyi) (FY09)	Public	X			
	Faridat Yakubu General Hospital (Zamfara) (FY07)	Public	X			
	Kebbi Fistula Center (Kebbi) (FY07)	Public	X			
	Laure Fistula Center at Murtala Mohammed Specialist Hospital (Kano) (FY07)	Public	X			
	Maryam Abacha Women's and Children's Hospital (Sokoto) (FY07)	Public	X			
	Ningi Hospital (Bauchi) (FY11)	Public	X			

[60] See previous note about Mercy Ships. Services are now available in Liberia through the JFK Memorial Hospital supported by the Gloag Foundation.
[61] In FY11/12 support to Gao Hospital and the four district hospitals ended in April 2012 following a coup d'état., FC has provided counseling training to fistula treatment sites in Bamako, Segou, and Mopti in the past to strengthen the quality of services.
[62] During the Oct-Dec 2012 quarter repairs were carried out in Mopti for women who had been receiving care in Gao at the time of the rebel attack. Subsequently, the army took over Mopti to prioritize care for wounded soldiers, so the project does not anticipate repairs will be possible in Mopti going forward. Instead, activities scheduled for Mopti will be reprogrammed to happen at Kayes.
[63] Added in 2012 in support of the randomized clinical trial study. Zinder is one of the eight study sites.
[64] Formerly Ebonyi VVF Center. In May 2011 the center was renamed when it became a designated federal center.

Country	Supported Sites (FY support began)	Type of Facility (NGO, FBO or public)	Current Repair sites[49]	Current Prevention only sites	In development[50]	No longer supported[51]
	Ogoja General Hospital (Cross River) (FY12)	Public	X			
	Sobi Specialist Hospital (Kwara) (FY12)	Public	X			
	Ibadan University Teaching Hospital (Oyo) (FY13)	Public	X			
	Prevention only[65]					
	Ogoja MCH Centre (Cross River) (FY12)	Public		X		
	Owutuedda General Hospital (Ebonyi) (FY10)	Public		X		
	Agubia Cottage Hospital, (Ebonyi) (FY10)	Public		X		
	Ebonyi State University Teaching Hospital (FY10)	Public		X		
	Ezangbo Maternity Hospital (Ebonyi) (FY10)	Public		X		
	Azuiyokwu General Hospital, Abakaliki (Ebonyi)(FY10)[66]	Public		X		
	Ngbo Primary Health Center (Ebonyi) (FY10)	Public		X		
	Comprehensive Health Center, Kumbotso (Kano)(FY08)	Public		X		
	Takai Community/NYSC Health Center, Takai (Kano)(FY08)	Public		X		
	Tarauni MCH Clinic (Kano)(FY10)	Public		X		
	Ungwa Uku MCH Clinic (Kano) (FY10)	Public		X		
	Muhammadu Abdullahi Wase Hospital (Kano)(FY10)	Public		X		
	Byari Jega General Hospital, (Kebbi))(FY10)	Public		X		
	Kamba General Hospital (Kebbi)(FY10)	Public		X		
	Maiyama General Hospital (Kebbi) (FY10)	Public		X		
	Argungum General Hospital (Kebbi) (FY10)	Public		X		
	Dakingari Primary Health Center (Kebbi)(FY10)	Public		X		
	D/D General Hospital (Sokoto) (FY10-11)	Public				X (P)
	Rabah General Hospital (Sokoto) (FY10-11)	Public				X (P)
	Iss General Hospital (Sokoto) (FY10-11)	Public				X (P)
	Jabo Primary Health Center (Sokoto) (FY10-11)	Public				X (P)
	Bakura General Hospital (Zamfara) (FY10)	Public		X		
	Bungudu General Hospital (Zamfara) (FY10)	Public		X		
Pakistan	Jinnah Postgraduate Medical College, Karachi(FY11-13)[67]	Public				X(T)

[65] In our FY 11-12 workplan we anticipated supporting up to 5 prevention only sites in Kwara or Cross River State, however we have now decided not to expand to additional sites. The estimates have been removed from this table.

[66] Formerly the Maternal Child Health Initiative FP Center.

[67] USAID/Pakistan supported renovation of this hospital which was re-opened in December 2012. USAID/Pakistan will not be supporting services at the site.

Country	Supported Sites (FY support began)	Type of Facility (NGO, FBO or public)	Current Repair sites[49]	Current Prevention only sites	In development[50]	No longer supported[51]
Rwanda[68]	Central University Hospital, Kigali (CHUK) (FY06)	Public	X			
	Kanombe Hospital (FY09)	Public	X			
	Ruhengeri Hospital (FY06)	Public	X			
	Kibogora Hospital (FY12)	FBO				X (T)
Sierra Leone	Aberdeen Women's Centre (FY07)	NGO	X			
Togo	Mercy Ships *Africa Mercy* (FY10)[69]	FBO				X (T)
Uganda	Kagando Mission Hospital (FY06)	FBO	X			
	Kitovu Mission Hospital (FY05)	FBO	X			
	Hoima Hospital (FY12)	Public	X			
	Kasese area City Council HC111 (FY10)	Public		X		
	Bwera District Hospital (Kasese) (FY10)	Public		X		
	Rwesande HCIV (Kasese) (FY10)	Public		X		
	Karambi HC III (Kasese) (FY10)	Public		X		
	Nyabugando HC III (Kasese) (FY10)	Public		X		
	Masaka Regional Hospital (FY10)	Public		X		
	Kiwangala HCIV (Masaka) (FY10-12)	Public				X (P)
	Kalungu HC III (Masaka) (FY10)	Public		X		
	Kiyumba HC IV(Masaka) (FY10-12)	Public				X (P)
	Total		**47Total 38 FC 9 Bilateral**	**38Total 38 FC 0 Bilateral**	**6 T Total 2 T FC 4T Bilateral**	**9 T sites and 11P sites in 12 countries**

[68] Plans to support two faith based hospitals, Kabgayi and Gahini have been dropped, although Fistula Care did provide both sites with delivery kits.
[69] See previous note about Mercy Ships.

Annex 2. Use of Fistula Care Technical Tools

by Country and Site, October 2012- March 2013

Country/Site	Quarterly Reporting Tools	Monitoring/ Supervision for Service Delivery Check list	Training Knowledge Assessment Tool	Monitoring/ Supervision for Training Site	Fistula Site Assessment Tool	Data for Decision Making Modules (ver.1)	Digital Stories Facilitator's Guide	Fistula Diagnosis Poster and/or Handout	Informed consent for Fistula Services Booklet	Family Planning following Fistula Care
Bangladesh										
Kumudini	X	X						X	X	X
LAMB	X	X		X					X	
Ad-Din Dhaka	X	X		X		X		X	X	X
Ad-Din Jessore	X	X				X		X	X	X
DRC										
HEAL Africa	X	X	X	X		X		X	X	X
IGL	X	X	X	X				X	X	X
Kisenso	X									
MSRK	X	X								X
Mutombo	X	X		X				X	X	X
St. Joseph's	X	X		X		X		X	X	X
Panzi	X	X	X	X					X	X
Ethiopia										
Adet HCtr	X	X						X		X
Dangla HC	X	X						X		X
Woret HC	X	X						X		X
Sekota	X	X						X		X
Guinea										
Ignace Deen	X									
Jean Paul II	X					X		X	X	X
Kissidougou	X					X		X	X	X
Labé	X					X		X	X	X
Mamou	X									
Kindia	X									
Boke	X									
Faranah	X									
N'Zerekore	X									
Mali										
Mopti	X							X	X	X
Kayes	X							X	X	X

Country/Site	Quarterly Reporting Tools	Monitoring/ Supervision for Service Delivery Check list	Training Knowledge Assessment Tool	Monitoring/ Supervision for Training Site	Fistula Site Assessment Tool	Data for Decision Making Modules (ver.1)	Digital Stories Facilitator's Guide	Fistula Diagnosis Poster and/or Handout	Informed consent for Fistula Services Booklet	Family Planning following Fistula Care
Sikasso	X							X	X	X
Niger										
Dosso	X					X		X	X	X
Tahoua	X					X		X		
Tera	X									
Lamordé	X					X		X	X	X
Maradi	X					X		X	X	
Issaka Gazoby	X									
Zinder	X									
Nigeria										
Babbar R.	X									
Ebonyi Center	X									
Faridat Yak.	X									
Kebbi	X	X								
Laure Fist. C	X									
Maryam Abacha	X									
Ningi General Hospital	X	X								
Ogoja Hospital	X	X								
Sobi Hospital	X									
Prevention only sites :										
Bakura General Hospital, Zamfara	X									
Takai Community HC, Kano	X									
Comp. HC, Kano	X									
Tarauni MCH, Kano	X									
Unguku MCH,	X									

Country/Site	Quarterly Reporting Tools	Monitoring/ Supervision for Service Delivery Check list	Training Knowledge Assessment Tool	Monitoring/ Supervision for Training Site	Fistula Site Assessment Tool	Data for Decision Making Modules (ver.1)	Digital Stories Facilitator's Guide	Fistula Diagnosis Poster and/or Handout	Informed consent for Fistula Services Booklet	Family Planning following Fistula Care
Kano										
Muhammadu A. Wase Specialist Hosp. Kano	X									
General Hospital, Arugungu	X									
General Hospital Dakingari	X									
General Hospital Maiyama	X									
General Hospital Kamba	X									
Bungudu General Hospital, Zamfara	X									
MCCI FP Clinic	X									
Ezangbo Maternity Hospital	X									
Mgbo PHC	X									
Owutu Edda General Hospital	X									
Ebonyi State University Teaching Hospital	X									
General Hospital, Jega	X									

Country/Site	Quarterly Reporting Tools	Monitoring/ Supervision for Service Delivery Check list	Training Knowledge Assessment Tool	Monitoring/ Supervision for Training Site	Fistula Site Assessment Tool	Data for Decision Making Modules (ver.1)	Digital Stories Facilitator's Guide	Fistula Diagnosis Poster and/or Handout	Informed consent for Fistula Services Booklet	Family Planning following Fistula Care
MCH Ogoja	X									
Rwanda										
CHUK	X	X		X				X	X	X
Ruhengeri	X	X		X				X	X	X
Kanombe	X	X		X				X	X	X
Sierra Leone										
Aberdeen	X									
Uganda										
Kagando	X	X					X	X	X	X
Kalungu	X									
Karambi	X	X								
Kitovu	X	X					X	X	X	X
Hoima	X	X				X				
Masaka	X	X								
Nyabugando	X	X				X				
Rwesande	X					X				
Kasese Town Council	X					X				
Bwera	X	X								
Total sites using tools FY13	**75**	**27**	**3**	**10**	**0**	**15**	**2**	**26**	**23**	**26**